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ABSTRACT

This practicum examined the maintenance in eight emotionally disturbed children (ages 7-13) of three appropriate classroom behaviors taught during a 10-week inpatient psychiatric hospitalization. In the hospital school setting the focus was on: (1) appropriate interactions with teachers; (2) appropriate interactions with peers; and (3) appropriate participation/task related behaviors. Data were obtained from teachers prior to hospital admission, during the hospitalization period, and for the duration of a follow-up study after discharge to the regular school setting. The Classroom Behavior Assessment Instrument was developed and used to rate appropriate classroom behaviors for use in treatment planning in the hospital school, to provide feedback to students and parents, and to monitor behavioral progress. Results indicated significant progress for the three target areas. Extensive appendices include a graphic analysis of student behavioral progress, information on revision and modification of the practicum, recommendations for future study, and letters used during the program. Includes 15 references. (Author/DB)

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A FOLLOW-UP STUDY TO IDENTIFY THE PERCENTAGE OF APPROPRIATE CLASSROOM BEHAVIORS MAINTAINED UPON RETURN TO SCHOOL FROM PSYCHIATRIC HOSPITALIZATION

By
Elizabeth Seraydarian

A Practicum Report
Submitted to the Faculty of the Center for the Advancement of Education at Nova University in partial fulfillment of the requirements for the degree of Master of Science

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Authorship Statement

I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give this testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my work, presented here, will earn similar respect.

Signed Elizabeth Armydaian

Abstract

A Follow-Up Study To Identify The Percentage Of Appropriate Classroom Behaviors Maintained Upon Return To School From Psychiatric Hospitalization.
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The need for systematic intervention, with consistent charting and data analysis was implemented to rate and compare appropriate classroom behaviors. After a ten-week intervention period, it was intended that eight students in a psychiatric hospital would maintain the Final Mean Percentage of three target classroom behaviors:
Appropriate Interactions with Teachers, Appropriate Interactions with Peers, and Appropriate Participation/Task-Related Behaviors. Data was obtained from teachers prior to admission for baseline data, during the hospitalization period and for the duration of a follow-up study after discharge to the school setting. The Classroom Behavior Assessment Instrument was used by the teachers to rate appropriate classroom behaviors for use in treatment planning, feedback to students and parents, as well as to monitor behavioral progress. The results of the study provide significant information on behavioral progress for the three target areas. A comparison of student data before hospitalization, during hospitalization and after follow-up is provided. Appendices include graphic analysis of student behavioral progress, revision and modification of the practicum and recommendations for future studies.

Final Report

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CHAPTER I

PURPOSE

The setting for the proposed practicum was an acute care short-term private psychiatric hospital for children and adolescents ages three to eighteen. The hospital has been operating at its location for thirteen months. The duration of treatment for each patient may vary from a two-week diagnostic evaluation to the standard thirty to ninety days, dependent upon the severity of diagnosis to warrant continued inpatient treatment. Children and youth may be referred to the facility by social service agencies, private education and mental health facilities, public schools and physicians.

The patients have exhibited a variety of behavioral/emotional problems including, but not limited to, depression, hyperactivity, oppositional/defiant behaviors and acting out behaviors. Included also are patients with neurologic and organic impairments. In essence, these children were admitted to the hospital as an intervention to a current crisis situation. The hospitalization is intended to stabilize the crisis and discharge the patient to further outpatient care. Family background and income among patients vary widely. Private funding must be obtained. In addition, the hospital has provided scholarship beds through agencies.

Upon admission, each patient is assigned to the Children's Unit (ages three to ten), Early Adolescent Unit (ages ten to fifteen, or Older Adolescent Unit (ages fourteen to eighteen). Placement in a program may also be determined by age appropriateness, maturational level, and/or situational treatment issues at the time of initial assessment upon being admitted to the hospital. Each unit followed a structured behavioral level system whereby the patient earned points and privileges for appropriate behavior. Consequences included time-out, loss of reinforcement/privileges and/or additional interventions as determined by unit programs.

The site of the practicum was the school housed within the psychiatric hospital. The school is operated by the hospital and uses the local county public school system for its teachers. The staff consisted of a Director of Education, a Clinical Educator, and three public school teachers. Upon admission, the parent signed a consent form for the child to be instructed in the school. The teachers were responsible for instructing the patients in their academic courses, which are the same courses the patients attended prior to hospitalization.

Each patient attended school for three hours per day, five days per week. An Educational Treatment Plan (see Appendix A:42-46) was developed by the Clinical Educator as part of the treatment planning process for each patient. Weekly Progress

Reports (see Appendix B:47) were used to assess classroom behaviors in four main target areas: Appropriate Interactions With Others, Following Directions, Participation and Transitioning.

The writer, as a function of being the Clinical Educator, was responsible for the initial contact with the student's school upon admission to the hospital to retrieve academic and behavior information. In addition, the writer was responsible for monitoring academic and behavioral progress during treatment, conferences, and goal setting with teachers and parents regarding behavioral observations. The writer also provided feedback to students and treatment team members concerning progress in the classroom. The writer contacted the school before the student's discharge to disseminate information to counselors/teachers regarding treatment and made recommendations regarding educational planning. In addition, if any alternative program or placement in the school setting was recommended, the writer submitted assessments to be reviewed by Psychological Services in the respective school systems. The writer also attended any staff meetings regarding treatment outcomes, expectations and/or placement alternatives for students discharged from the hospital.

Through the writer's observation, it had become clear that the Education Department might be in need of a follow-up study to identify the mean percentage of appropriate classroom behaviors

maintained upon discharge from the hospital and return to the school setting. Behavioral and academic progress of students prior to being admitted to the hospital was documented by the writer through the initial contact with counselors/teachers upon admission. Behavioral and academic progress was consistently monitored during treatment with Weekly Progress Reports and weekly grade reports. Prior to discharge the writer contacted school counselors/teachers regarding behavioral progress and academic achievement during treatment which facilitated transitioning to the school setting. This is technically the last formal contact the writer had with the receiving school. Follow-up regarding behavioral and academic progress with the receiving school counselor/teacher had not been implemented by the Education Department.

Parents and former patients (students) were encouraged to attend a voluntary aftercare program after discharge from the hospital. The aftercare program is provided by the hospital for up to six months post-discharge and was intended to be a support group to discuss post-treatment issues. As a co-facilitator of the Early Adolescent Aftercare Program, the writer was aware that school progress and concerns are routinely discussed during the session. However, feedback concerning behavioral progress in the classroom was a result of general parent and student reports, and was rather sporadic and nonspecific. Academic progress was

mentioned by the student via report cards given to he student by the respective school on a quarterly basis and shared at the Aftercare Program.

The Policies and Procedures Manual written by the Director of Education mandated that specific procedures are followed regarding Student Academic Evaluation and Discharge. As the final step in this thirteen step procedure, it was documented that ". . . the Clinical Educator will monitor the student's school progress and provide aftercare support for six months". (see Appendix C:48-49). Although this procedure is addressed with the Aftercare Program, there was no systematic procedure implemented or documentation of follow-up results.

In a survey (see Appendix D:50) of fifteen counselors/ teachers form the local school system which encompassed North Area I, North Area II and Central Area, all had indicated that they had at least one student in the last year that was hospitalized for psychiatric treatment. Thirteen (86 percent) indicated that no one from any of the surrounding psychiatric hospitals had contracted them regarding follow-up of former students identified as receiving inpatient psychiatric treatment. Two (13 percent) counselors indicated a representative from one hospital (the same hospital) contacted them regarding progress of a former student, however, a general question was asked concerning attendance. In each instance the contact was made one week after discharge from

the psychiatric facility. When asked if the counselor/teachers thought systematic follow-up for students is needed, all replied it indeed was indicated. Thus, follow-up after discharge with counselors/teachers from the school setting has received little systematic training with charting and data analysis. The need to design, implement and chart a method by which data will be collected prior to admission to the psychiatric facility, during treatment, and after discharge form the receiving school was obvious.

The intent of this project, supported by the Hospital Administrator (see Appendix E:51), was to address the problem of a lack of systematic assessment procedure to compare appropriate classroom behaviors prior to admission to the hospital, to be used as baseline data, during treatment for four weeks and for six weeks after discharge in the school setting. Three target behaviors were assessed, charted, and monitored and included Appropriate Interactions with Teachers, Appropriate Interactions with Peers and Appropriate Participation/Task-Related Behaviors. The follow-up study would include ten students from the Children's Unit and Early Adolescent Unit ranging from six to thirteen years of age. In addition, variables which may affect behavioral progress, although not the focus of the follow-up study, would be documented and include school placement pre- and post-discharge, and attendance in recommended aftercare and outpatient therapy

after discharge on a consistent basis.

Systematic intervention, with consistent charting and data analysis, was necessary in order to achieve the practicum goals. The following outcome objectives were projected for the follow-up study:

1) After a ten week intervention period, students in the target group would maintain the final mean percentage of Appropriate interactions with Teachers with data obtained during four weeks of psychiatric hospitalization, when compared to a six week follow-up after discharge to the school setting, as evidenced by the writer's tabulation charts and graphs.

2) After a ten week intervention period, students' behavior in the target group would maintain the final mean percentage of Appropriate Interactions with Peers with data obtained during four weeks of psychiatric hospitalization when compared to a six week follow-up after discharge to the school setting, as evidenced by the writer's tabulation charts and graphs.

3) After a ten week intervention period, students in the target group would maintain the final mean percentage of Appropriate Participation/Task-Related Behaviors with data obtained during four weeks of psychiatric hospitalization when compared to a six week follow-up after discharge to the school setting, as evidenced by the writer's tabulation charts and graphs.

CHAPTER II

Research and Solution Strategy

Teachers, program developers and administrators of psychiatric hospitals are often interested in monitoring program effectiveness with follow-up studies of former patients/students they re-integrate into settings. The focus of this project and the review of the literature was on a descriptive follow-up of classroom behaviors of students maintained upon return to school from psychiatric hospitalization.

Follow-up studies of students who have been in treatment had consistently reported that students make important gains during treatment and that many of them have maintained behaviors usually six months or more after discharge (Nelson and Kauffman, 1977). Ferdinande and Colligan (1980) reported variables that appeared to be required for successful mainstream reentry and included a case manager and interdisciplinary planning, with a primary focus on reentry to the education environment. The education environment seems to be an important ecological variable with regard to treatment was also addressed by Lewis (1988) who described Cumberland House, a small residential treatment program for students with behavior disorders, and approached intervention through educational, behavioral and ecological disciplines. The principal agents were educators rather than mental health staff to implement the treatment program. The school program was viewed as

a high priority with emphasis on learning appropriate behavior acceptable in a public school classroom, in addition to learning academic skills. The follow-up conducted six months after discharge included ratings made on a five-point scale on how well the student adjusted to his/her school placement and to what extent he/she still exhibited initial presenting problems. A yes or no response was also developed as an indication of any new problems following discharge. Ratings of student improvement in behavior during treatment were significantly related to follow-up ratings as a result of liaison staff who worked directly with the students ecologies and were supportive during the transition/ adjustment process. Bloom and Hopewell (1982) followed a group of adolescents six months after discharge from a state mental hospital and found twice as many (54 percent versus 28.9 percent) of the successfully discharged students were placed in public school programs. Over twice as many students (34.2 percent versus 14.0 percent) that were reinstitutionalized had neither an educational or vocational placement. The follow-up study concluded that educational placements are critical to successful community reentry. It is likely to be the most potent force available to interrupt the historical pattern of chronic psychiatric hospitalization (Bloom and Hopewell, 1982).

Traditional means of assessing children's or adolescent's behavioral problems seem to be inadequate to the task of developing prescriptive classroom programs for follow-up purposes

(Greenwood, Walker and Hopps, as cited by Forness, 1983). Diagnostic evaluation during treatment typically consists of parent interviews, intellectual and personality testing, teacher interview and/or observation of the child in the classroom. Teacher's perceptions of problem behaviors have been rated according to tolerance, severity, manageability and contagion (Safron and Safron, 1987). Frequently, the diagnostic evaluation has little direct relationship to the follow-up with actual classroom programming. Forness (1983) described the development and operation of a school program in which children and adolescents with behavioral problems are evaluated over a two month period of time, within a psychiatric hospital, prior to return placement in a school setting. The child or adolescent's progress is monitored daily in the classroom and relied on observation of responses to classroom instruction. The study found that academic and behavioral gains predicted students' adjustment in post-discharge public school classrooms, as measured by correlations with their teacher ratings which ranged as high as .54 in comparison (Rutherford, 1984). Social gains measured by teacher pre- and post-ratings were also predictive with correlations ranging up to .48 with public school teacher ratings.

In a follow-up study by Leone (1984) eighteen adolescents were interviewed and assessed two to four years after being discharged from a facility for the behavior disordered. All were initially referred to the program because of serious interpersonal

or intrapersonal difficulties in their communities. Assessments at the time of admission to treatment and during follow-up included academic assessments, an oral reading passage and written language samples. Another follow-up study measured with a multiple regression analysis compared student file data and direct assessment of academic achievement with formalized achievement measures (Leone, Fitzmartin, Stetson, and Foster, 1986). Results of the thirty-four students directly inter- viewed and assessed at follow-up concluded that measures of academic achievement were unrelated to treatment outcomes.

Progress during treatment is usually measured by staff ratings of response to counseling, changes in response to peers or authority, and academic improvement. Few of the follow-up studies measured specific classroom behaviors following discharge. Follow-up studies have reviewed ecological variables such as police records, social service, attendance in school, academic achievement, correctional records, race, and age (Bloom and Hopewell, 1982; Lewis, 1988) through questionnaires, phone interviews and rating scales of former patients, parents, teachers and counselors.

A variety of methods to assess behavioral progress included frequency counts of behavior, direct observation, and teacher rating scales. Counting a behavior's occurrence over time accurately captured behaviors that are brief and repeatable (Kerr and Nelson, as cited by Koorland, Monda and Vail, 1988). Typical

behaviors appropriate for frequency or rate included being out of seat, talking out and following directions. Direct observation when gathered consistently, can help teachers identify problems, and verify transfer of training to new settings. Direct observation may be affected by ". . . (a) reactivity; (b) observer drift; (c) the recording procedure; (d) location of the observation; (e) expectancy and feedback . . ." (Repp, Nieminen, Olinger, and Brusca, 1988). Initial planning and effort is needed to prepare data sheets and work out a routine for observing and recording behavior (Koorland, Monda, and Vail, 1988). Sugai and Maheady (1988) advocated the use of objective screening and direct measurement strategies that permitted assessors to see the severity of a behavior problem and contrasted it with behaviors of peers in the same setting. Teacher rating scales can provide a comprehensive description of a student's behavior by rating a student on a standard list of behavior problems.

Teacher ratings of behavior may be more useful than direct observations because the ratings are based on frequent and infrequent behaviors (Lahey and Piacentini, 1985). This assessment procedure may be valuable as part of a diagnostic evaluation and follow-up. The Quay-Peterson Revised Behavior Problem Checklist contains seventy-seven scored items that are highly correlated from .63 to .97 for samples of parents and teacher ratings of normal and inpatient populations (Lahey and Piacentini, 1985). The Connor's Behavior Rating Scale (1978) is a

teacher's behavior rating scale which measures the degree of behavior problems in conduct, hyperactivity and inattentiveness. The Connor's states a behavior problem and the teacher rates the behavior observed ranging from "very much" with a correlated point of three to "not at all" with a point correlation of zero. The Achenbach (1988) is a behavior rating scale which is used routinely in the local county school system with children identified as exhibiting behavioral problems. The Achenbach is very thorough, however it is lengthy and rates the degree of inappropriate behaviors. The rating scales reviewed all rate degree of maladaptive behavior observed in a student.

Only a small portion of the wealth of information will be selected for designing and implementation of the practicum project. The purpose of the practicum is to implement a systematic assessment procedure to compare appropriate classroom behaviors prior to psychiatric hospitalization for baseline data, during treatment for four weeks, and for six weeks after discharge in the school setting. Through the use of suggestions made by the authors reviewed in the research section, it is hoped that the intervention would rate appropriate behaviors. Although the philosophies and techniques of all of the authors surveyed in the research section has had an influence on the approach taken in the practicum project, selected ideas and methods from specific authors, in addition to the writer's ideas, form the basis for the intervention.

In the area of an assessment instrument, a teacher behavior rating scale developed by the writer (see Appendix F:52), was developed because it involved less expenditure of time to implement and may be more useful than direct observation (Lahey and Piacentini, 1985). The instrument would rate the percentage of three targeted classroom behaviors: Appropriate Interactions with Teachers, Appropriate Interactions with Peers (Sugai and Maheady, 1988) and Appropriate Participation/Task-Related Behaviors. Each targeted classroom behavior is correlated with ten positive statements to be rated by the teacher. The rating scale does not categorize behaviors, which may influence the way a teacher rates a behavior. The teacher read and rated each behavior according to the degree to which the child is appropriately demonstrating the behavior.

The teacher read the positive behavior statement and checked the degree to which the student demonstrates the behavior in the classroom: "very much", "pretty much", "just a little", and "not at all". Point value equivalents range from "very much" = 3, "pretty much" = 2, "just a little" = 1, and "not at all" = 0. After the teacher completed the assessment instrument, the writer scored the instrument with each statement correlated to each targeted classroom behavior (see Appendix G:53). The points for each targeted classroom behavior goal was added, with the maximum possible for each being thirty points. Points earned were divided by total points (thirty) to compute percentage of appropriate

behavior for each targeted classroom behavior. Percentages for each student were charted on a daily basis during hospitalization (see Appendix H:54) and follow-up (see Appendix I:55) for an example of each student's daily data collection. Percentages were averaged for each student weekly during hospitalization and follow-up and charted. See Appendix J:56 for Weekly Mean Percentages during hospitalization and during follow-up.

The Weekly Mean Percentages were averaged for each student during hospitalization and follow-up and charted (see Appendix K:57). A comparison of Baseline, Final Mean Percentage, after the four week psychiatric hospitalization, and Final Mean Percentage, after the six week follow-up for each student, was charted (see Appendix L:58).

The thirty behaviors provide a quick (Lahey and Piacentini, 1985) way to pinpoint and reinforce appropriate behaviors, as well as to identify and remediate weaknesses in a student's classroom behavior. This allowed the writer to review the individual needs of the student for the purpose of educational treatment planning as well as monitor the behavioral progress of the student during hospitalization, and following discharge to the school setting. In addition, since most of the students have very low self-esteem, it is important that the feedback given to the student is presented positively, reflecting appropriate behavior rated as high percentages instead of rating inappropriate behaviors as high percentages.

The practicum involved a total of ten students from the Children's Unit and the Early Adolescent Unit. The Classroom Behavior Assessment Instrument was implemented by teachers to assess Appropriate Interactions with Teachers, Appropriate Interactions with Peers, and Appropriate Participation/Task-Related Behaviors prior to admission, during four weeks of inpatient hospitalization and after discharge in a six week follow-up study.

CHAPTER III

METHODOLOGY

Overview

There were many variables that affected the implementation of the practicum. One variable included receiving input from the teachers during Week One that delayed the actual start of rating students with the assessment instrument until Week Two. In addition, the hospital teachers suggested rating the students three times a week instead of the initial daily rating. The hospital teachers cited increased paperwork, lack of time, and the need for flexibility since paperwork consumed a significant part of the day of teachers in the post-discharge setting. These were all cited as reasons to reconsider rating students on a daily basis.

Initially, the practicum stated ten students would participate in the study. At the time of implementation of the assessment instrument, a total of eight students were present between the Children's and Early Adolescent Units. As a result, eight students participated in the study.

In addition, since the initial proposal included rating students with the assessment instrument for a full 10 weeks, the writer did not take into account preparation before tabulating and charting data post-study. Letters to hospital teachers and receiving teachers needed to be written to include rating students

three times a week instead of daily ratings. Therefore a change was made in the length of time the study occurred. Week One included preparation time for the writer and any revisions suggested by the hospital teachers, Week Two through Week Five included rating each student while inpatient, Week Six through Week Nine included rating students post-discharge, and Week Ten included gathering, tabulating and charting data post-discharge.

Another variable which needed to be considered was that the length of stay for inpatient care during hospitalization and post-discharge did not stay constant at four weeks. Certain students who were involved with the study required only two weeks of inpatient hospitalization while some continued to need inpatient hospitalization for five or six weeks. Therefore, the length of inpatient hospitalization and length of post-discharge follow-up are varied. In addition, two students exceeded the four week inpatient hospitalization study and were discharged to a school setting recommended by the writer. However, since the writer can only make recommendations, as the Clinical Educator, the parent would need to follow through with the placement. Although both parents agreed with the recommendations, the parents felt that it was too close to the end of the school year and did not want their children to attend a post-discharge school setting. There was no follow-up study for these students.

A revision was made with regard to the sequence of the discharge procedure and the procedures for the receiving teacher. Verbal acknowledgment of participation with the follow-up study was implemented by the writer instead of a postcard for response. This was necessary because of the variable rate at which students were discharged, some with very little prior notice. In addition, instead of the writer mailing assessment pockets to the receiving teachers on a weekly basis, the total number of pockets needed were either mailed before the student was discharged or hand delivered by the writer. This facilitated disbursement of the packets.

The original Letters to Parents, Hospital Teachers, Letters to Student's Teachers Prior to Hospitalization and Letters to Student's Teachers After Discharge can be reviewed in Appendices M:59, N:60, O:61, and P:62. Appendix Q:63 are the Variables Involved In Treatment that were reviewed and are significant to evaluate, however, were not the focus of the study.

Week One

Day One: The eight students are identified to participate in the practicum. These included:

Student #1 grade 1 7 years old Childrens Unit

Student #2 grade 3 10 years old Childrens Unit

Student #3 grade 3 9 years old Childrens Unit

Student #4 grade 3 9 years old Childrens Unit

Student #5 grade 7 12 years old Early Adolescent Unit

Student #6 grade 7 12 years old Early Adolescent Unit

Student #7 grade 7 13 years old Early Adolescent Unit

Student #8 grade 7 12 years old Early Adolescent Unit

The revised parent letter was sent to parents explaining the purpose of the practicum, duration of study and projected impact of the results on hospital school programming (see Appendix R:64). Hospital school teachers were educated in the purpose and administration of the instrument. The hospital teachers made a recommendation to consider rating the students three times a week instead of on a daily basis. The writer and the hospital teachers met on Week One/Day Three for discussion and closure. The writer reviewed the schedule and sequence for the weeks ahead. The hospital teachers were instructed to rate the student with the instrument and submit it to the writer to be scored. The writer reviewed that after the instruments were submitted, the instrument would be scored by summing the points for each of the items assigned to a target area and dividing by the number of items, resulting in percentages on individual graphs for each student. The writer explained that graphing percentages in the three target areas, Appropriate Interaction with Teachers, Appropriate Interaction with Peers, and Participation/Task-Related Behavior was coded and graphed daily at the end of the school session. Students would receive feedback for their classroom behaviors with

the writer using the graphs to show appropriate behaviors at the end of the daily school session.

Day Two: A revised letter was sent to the students' former teachers prior to hospitalization (see Appendix S:65) which briefly outlined the purpose of the practicum, how to administer the instrument and invited the teachers to participate in the study. The instrument was included with a self-addressed stamped envelope. The teacher would rate the behavior prior to hospitalization and return it to the writer to be scored with percentages graphed as baseline data. The writer explained that the data for each student was reviewed during treatment team. Progress was indicated by any increase in percentage of appropriate behavior. Any changes in the educational treatment plan, as a result of any changes in the educational treatment plan, as a result of interpreting the behavioral progress graphed, would be amended.

Day Three: The writer met with the hospital teachers and agreed on rating students three times a week. The days would include Monday, Wednesday and Friday. The revised letter to the Hospital Teachers was presented to explain the purpose of the instrument (see Appendix T:66). The hospital teachers began rating the students on Week Two/Day One. The writer gathered together four packets for each student involved in the study and gave them to the hospital teachers. Each packet contained three assessment instruments.

Day Four: The writer requested to meet with the hospital teachers on every Day Five (Friday) for Weeks Two through Five for any questions, concerns or input involving the rating instrument.

Day Five: The assessment packets were given to the hospital teachers for their respective students involved in the study.

Week Two

Day One: The hospital teachers rated the behaviors on the assessment instrument for students one through eight. The writer scored and graphed percentages. Feedback was given to each student and treatment team.

Day Three: The same procedure was followed as in Week Two/Day One.

Day Five: The same procedure was followed as in Week Two/Day One. The mean percentage was graphed by summing each percentage accumulated for Week One/Days One, Three and Five and dividing by three for each student. The mean was computed and graphed on a weekly basis for each student. In addition, the writer reviewed with the hospital teachers if there was any input or recommendations thus far. The hospital researchers requested to see the graphs and had no recommendations at this time.

Week Three

Day One:

The same procedure was followed as in Week Two/Day One. All instruments sent to teachers prior to students hospitalization

were returned. The instruments were scored and data charted on each students respective graph. The writer provided each student with feedback concerning behavioral progress during the School Goals Group.

Day Three: The same procedure was followed as in Week Two/Day One. The writer also prepared for Student #6 to be discharged to the school setting. The writer contacted the counselor, disseminated treatment information and discussed the follow-up study. The writer sent the revised letter to the receiving counselor briefly reviewing the purpose of the follow-up study (see Appendix U:67). This letter was sent to all receiving teachers after contact was made for discharge planning. In addition parents received feedback during the Parent Support Group on the Children's and Early Adolescent Unit. The writer explained to each parent the graph of their child's behavior and behavioral progress.

Day Five: The same procedure was followed as in Week Two/Day Five. The writer met with the hospital teachers and received positive feedback in relation to the ease of administration. No changes were recommended by the hospital teachers at this time. Student #6 was discharged from inpatient hospitalization and began school in the post-discharge setting on Week Four/Day One.

Week Four

Day One: The same procedure was followed as in Week Two/Day One for Students #1, #2, #3, #4, #5, #7 and #8. The mean percentage during treatment was computed for Student #6. The mean percentage was computed by summing the two weekly mean percentages for each target behavior and dividing by two. The number derived after dividing was the mean percentage of appropriate behavior for the three target areas and is the percentage expected to be maintained by the end of the follow-up study in the post-discharge setting. Data was charted. The writer provided each student with feedback concerning behavioral progress during the School Goals Group.

Day Three: The same procedure was followed as in Week Two/Day One. In addition, counselors were contacted for discharge notification for Students #1, #2 and #4. The writer made an appointment for Week Four/Day Four to meet with counselors of Students #1 and #2. The same procedure was followed with the counselor of Student #4 as was implemented with the counselor of Student #6 on Week Three/Day Three. Verbal agreement was indicated for the follow-up study, therefore the postcard was not mailed to the counselor. The writer met with the Parent Support Groups to discuss each individual student behavioral progress with the respective parent.

Day Four: The writer met with the counselor of Students #1 and #2. The writer disseminated treatment information, and explained the follow-up study. The counselors verbally agreed to participate in the study, therefore the postcard acknowledging participation was not used. Both counselors were given the letter and agreed to participate in the follow-up study for six weeks. Packets containing a six week supply of assessments, along with self-addressed stamped envelopes were dispersed.

Day Five: The same procedure was followed as in Week Two/Day Five. The writer met with the hospital teachers, feedback was positive. No changes or recommendations were made at this time.

Week Five

Day One: The same procedure was followed as in Week Two/Day One for Students #1, #2, #3, #4, #5, #7 and #8. The writer provided feedback to each student concerning behavioral progress on Week Five/Day One during the School Goals Group. The writer met with the Parent Support Group on Day Three and discussed each student with the respective parent.

Day Five: The same procedure was followed as in Week Two/Day Five. The writer received the assessment instrument for Student #6 scored, computed and graphed post-discharge data. The writer met with the hospital teachers. The teachers acknowledged that the instrument has been a positive influence with regard to showing students thei strengths and weaknesses. Student #1, #2

and #4 were discharged from inpatient hospitalization and began school in the post-discharge setting on Week Six/Day One.

Week Six

Day One: The same procedure was followed for Students #3, #5, #7 and #8 as in Week Two/Day One. Mean percentages for duration of treatment were computed and graphed for Students #1, #2, and #4. The writer provided feedback to each student concerning behavioral progress on Week Five/Day One during the School Goals Group.

Day Three: The same procedure was followed for Students #3, #5, #7 and #8 as in Week Two/Day One. In addition, counselors were notified of prospective discharge for Students #5 and #8. The same procedure was followed for Student #6, Week Three/Day Three. An appointment was requested by the writer with the Headmaster for Student #7 since that student would be attending a new post-discharge school setting. The writer met with the Parent Support Group and explained the progress of each student with the respective parent.

Day Four: The writer met with the Headmaster of the school where Student #7 would attend post-discharge. Treatment information was disseminated, however the follow-up study was not presented as yet.

Day Five: The same procedure was followed for Students #3, #5, #7 and #8 as in Week Two/Day One. Post-discharge assessments

were received on Student #6, and were scored, computed and graphed. Student #5 and #8 were discharged from inpatient hospitalization. The parent of Student #5 decided he would not return to a post-discharge school setting. The writer computed and graphed the mean percentage during hospitalization treatment. Student #8 began attending school in the post-discharge setting on Week Seven/Day One. Post-discharge assessments were scored, computed and graphed for Student #6. The writer met with the hospital teachers and reinforced their consistency and participation with the study.

Week Seven

Day One: The same procedure was followed as in Week Two/Day One for Students #3 and #7. The writer provided feedback to each student concerning behavioral progress on Week Five/Day One during the School Goals Group.

Day Two: Student #7 was discharged with the decision of the parent not to have the student attend a post-discharge school setting since it was close to the end of the school year.

Day Three: The same procedure was followed as in Week Two/Day One for Student #3. Post-discharge assessments were received by the writer and scored, computed and graphed for students #1, #2, #4, and #6. The writer notified each parent at the Parent Support Group of the behavioral progress of each student.

Day Five: The same procedure was followed as in Week Two/Day One for Student #3. The counselor for Student #3 was notified of discharge with treatment information disseminated, discussion of the follow-up study and verbal acknowledgment to participate in a follow-up study. The weekly meeting with the hospital teachers was cancelled due to a meeting of the Education Department.

Week Eight

Day One: Student #3 was discharged from inpatient hospitalization and began attending the post-discharge school setting on Week Eight/Day Two.

Day Three: Post-discharge assessments were scored, computed and graphed for Students #1, #2, #4, #6 and #8. The writer presented the parents with data on each student at the Parent Support Group.

Week Nine

Day Three: The writer did not attend the Parent Support Group.

Day Five: Post-discharge assessments were received, scored, computed and graphed for Students #1, #2, #3, #4, #6 and #8. The writer met with the hospital teachers and thanked them for their support and participation.

Week Ten

Day One: The same procedure was followed as in Week Two/Day One for Students #3 and #7. Day Three: The final post-discharge

assessments were received, scored, computed and graphed for Students #1, #2, #3, #4, #6 and #8.

Day Four: The writer shared the final graph for each student with the hospital teachers. The Final Mean Percentage during the follow-up study was obtained by summing the Weekly Mean Percentages and dividing by the duration for follow-up for each target area. The number derived in the three target areas is the percentage of appropriate behavior maintained during the course of the follow-up study.

Results from data collected during treatment and after discharge were reviewed and compared to the outcome objectives. Results from the variables tabulated during assessment were charted (see Appendix V:68-75).

CHAPTER IV

Results

As a result of the limited number of students inpatient during implementation, eight students were involved in the study instead of the proposed ten. Ten weeks of actual implementation including Week one which involved adjustment and modification of the assessment instrument and Week Ten which included collecting, tabulating, and graphing data resulted in the ten week study. Data was collected, tabulated and charted on the eight students identified to participate in the study with the three objectives: 1) Appropriate Interactions with Teachers, 2) Appropriate Interactions with Peers, and 3) Appropriate Participation/ Task-Related Behaviors.

During hospitalization students generally experienced a gradual increase of appropriate behaviors with all three identified objectives. (See Appendix V:68-75) Exceptions are noted for Students #5_and #8_whose behaviors appear as inconsistent, sporadic and regressed. The influences for Students #1, #2, #3, #4, #6 and #7 may include a reduced academic day resulting in less pressure, smaller student-teacher ratio (excluding student two) and intense behavior management system. Progress for Student #5 is seen as inconsistent and may result from lack of parent involvement with treatment. Student #8 had made consistent progress until

Week Four when the student started working on significant issues which may have influenced behaviors at school.

Appendix W:76-83 indicates the Daily Percentage of Appropriate Classroom Behavior During Follow-Up. Students #2, #4, #6 and #8 all had gradually increased or maintained appropriate behaviors for the three objectives in the post-discharge setting. Students #1 and #3 were only evaluated for one week post-discharge therefore data is inconclusive on behavior progress. Students #5 and #7 did not attend any post-discharge setting, therefore there was no follow-up data.

A comparison of the Weekly Mean Percentage of Appropriate Classroom Behavior During Hospitalization and Follow-up/Graph is noted on Appendix X:84-91). Students #1 and #3 had four week and seven week duration hospitalization respectively, with a one week follow-up. Student #3 appeared to maintain the percentage of behaviors for all three objectives to the week prior to discharge from hospitalization. One variable noted is the transition of these two students. Student #1 attended a special program post-discharge, different that the placement prior to hospitalization, and Student #2 reentered the same placement post-discharge as prior to hospitalization. In comparing data of Weekly Mean Percentage During Hospitalization to the Weekly Mean Percentage After Follow-up Students #1, #2, #3 and #8 maintained or increased the percentage of Appropriate Interactions With Teachers during the first and subsequent

weeks of follow-up, while Student #4 initially decreased percentage in the objective with gradual increase during follow-up. Student #6 maintained the same percentage during follow-up as the first week of data during hospitalization. In comparing Appropriate Interactions with Peers, Students #3 and #8 maintained or increased the percentage of appropriate behavior during follow-up. Students #2 and #4 decreased the percentage of appropriate behavior with a gradual increase of percentage during the follow-up. In comparing Appropriate Participation/Task-Related Behaviors, Students #1, #2, #3 and #8 maintained or increased the percentage of participation/ task-related behavior at the time of discharge from hospitalization and through the follow-up. Student #4 decreased the percentage of behavior during the first week of follow-up and gradually increased appropriate behavior through the duration of the follow-up study. Student #6 decreased slightly and maintained the percentage of behavior for the duration of the follow-up. No comparison was noted for Student #5 and Student #7 for Mean Percentage During Hospitalization and Follow-up as a result of these students not attending any post-discharge school placement.

The Final Mean Percentage of Appropriate Classroom Behavior is noted in Appendix Y:92 and is the criteria used in evaluating the objectives. Percentages are charted before hospitalization, during hospitalization and during follow-up on

Appendix Z:93. Results from data for Appropriate Interactions With Teachers indicate that Students #2, #3 and #8 had maintained or increased the final mean percentage during the follow-up post-discharge when compared to the final mean percentage during the follow-up post-discharge when compared to the final mean percentage during hospitalization. This represents 50% of the students involved in the study who met the objective. Students #5 and #7 did not attend a post-discharge school setting, therefore no data was available for comparison. Data for Appropriate Interactions With Peers indicated Students #3 and #8 had maintained or had increased the final mean percentage during the follow-up post-discharge school setting when compared to the final mean percentage during hospitalization. This represents 33% of students involved in the study who met the objective. Students #1, #2, #4 and #6 had final mean percentages that had regressed during the follow-up study. Students #5 and #7 did not attend a post-discharge school setting, therefore no data was available for comparison. Data for Appropriate Participation/ Task-Related Behavior indicated Students #2, #3, #6 and #8 had maintained or increased the final mean percentage during the follow-up post-discharge school setting when compared to the final mean percentage during hospitalization. This represents 67% of students involved in the study who met the objective.

Students #1 and #4 had percentages which were regressed during the follow-up study.

Significant data include the follow-up study for students #1, #3 and #8 were for a one and two week duration respectively. Teachers in the post-discharge setting for these students returned a limited number of the assessment instruments. The limited number of the assessment instruments for the follow-up study may influence projected objectives to be evaluated. Several post-discharge teachers commented on students behavior progress through written communication on the returned assessment instruments. Comments were generally very positive. The post-discharge teacher for Student #1 included a commentary of his progress. Comments from the teacher included that "he works hard and usually completes all his assignments. He tend to retreat to his work as a way of avoiding inappropriate involvement. During group and play time he is just fine." Student #1 was in a regular classroom prior to hospitalization and placed in a special program post-discharge. The post-discharge teacher for Student #4 stated that she "noticed him smiling, laughing, talking and interacting positively with his peers." Student #2 was described by the post-discharge teacher as "being much more assertive with teachers and peers . . ." Students #1, #2, #4 and #6 initially regressed upon post-discharge evaluation. With the exception of Student #1, the trend of appropriate behavior for each

objective increased throughout the follow-up study. Students #3 and #8 had much improved percentage post-discharge than noted during hospitalization.

A trend was noted during the charting of data. Increased appropriate behavior was noted in the After Follow-up (AF) data when compared to the Before Hospitalization (BH) data for all three objectives for Students #1, #3, #4 and #6. An increase in appropriate behavior After Follow-up when compared to Before Hospitalization was also noted for Student #2 for Appropriate Interaction with Peers. Data was not completed prior to hospitalization for Student #8 and Students #5 and #7 did not attend a post-discharge school setting, therefore there is no data for comparison on these three students.

Variables involved in treatment (see Appendix AA:94) indicate that 63% of students were placed in special programs prior to hospitalization and include full-time special programs for Students #2 and #5, and part-time special programs for Students #3, #4 and #8. Sixty-three percent of students were placed in special programs upon discharge and include full-time special programs for Students #1 and #2 and part-time special programs for Students #3, #4 and #8. Full-time special programs were recommended for Students #5 and #7, however these students did not attend a post-discharge school setting. Thirty-eight percent of the students involved in the study had medication prescribed prior to hospitalization while, 63% of

these students had medication prescribed during hospitalization and upon discharge (this includes the students who were on prescribed medication prior to hospitalization). Eighty-eight percent of the parents of students attended groups during treatment, while 38% of parents of students attended groups after discharge.

CHAPTER V

Recommendations

Any number of factors would explain an increase of appropriate behaviors, regression of behaviors, or erratic, inconsistent percentages in any of the three target behaviors during hospitalization and follow-up study. During hospitalization, the severity of diagnosis, reduced academic day, generally smaller student-teacher ratio and consistency with the behavior management system may influence behavior in any of the three target objectives. During follow-up, transition back to the school setting, continued outpatient therapy post-discharge, and consistency with any prescribed medication all would influence behavioral progress. A larger student sample in addition to a longer follow-up study is recommended to evaluate any continued behavioral changes post-discharge.

As the need for admitting children to psychiatric hospitalization grows, it is necessary to evaluate the effects of treatment during hospitalization and after discharge. The hospital school program provided a setting to monitor the eight target students in three specific behaviors: Appropriate Interactions With Teachers, Appropriate Interactions With Peers, and Appropriate Participation/Task-Related Behaviors. It was hoped that behavioral progress achieved during treatment would be maintained after discharge to the school setting.

The writer developed the Classroom Behavior Assessment Instrument for use by professionals, parents and students. Professionals, including therapists and teachers, can use the instrument to identify behavioral patterns, provide feedback on strengths and weaknesses of behaviors, an determine behavioral goals of students. In addition, the instrument can be used to monitor and adjust educational planning, monitor effects of medication and pinpoint behaviors. Parents and students would receive feedback concerning behavioral progress on a consistent basis.

The results of this practicum will be shared with the Hospital Administrator, Children and Early Adolescent Program Directors and the Director of Education. In addition, results will be shared with all teachers, parents and students involved with the practicum. The practicum will also become part of the Quality Assurance Monitors for the Education Department for the third quarter.

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APPENDICES

APPENDIX, A-1
Educational Treatment Plan

PATIENT ID

PROBLEM: Declining school performance, failing grades, oppositional, defiant, peer conflict, aggressive, withdrawn, ADHD, school refusal, teacher conflict

DATE	OBJECTIVE	INTERVENTION/FREQUENCY/STAFF	GOAL	REVIEWED	RESOLVED
	I 1)When approached by peer in positive way, will respond in friendly manner 2)Participate in group activities in friendly manner. 3)Demonstrate interaction with one peer on consistent basis. 4)Demonstrate interaction w/__peers on consistent basis. 5) Demonstrate respect for rights of others. 6)Demonstrate ability to wait for turn. 7)Demonstrate truthful behaviors. 8)Demonstrate leadership ability w/ peers. 9)Refrain from using verbal abuse w/ peers. 10)Refrain from using physical abuse w/peers.	Cues, prompts,/ 5 X weekly Redirection / Conferencing/ 5 X weekly Contracting/ 5 x weekly isolate to carel E. Seraydarian	Increase Acceptable Peer Relationships		
	II 1)Identify school rules and give examples. 2)Identify displaced anger and list examples. 3)Identify alternative outlets for anger, other than resisting auth. 4) Participate w/auth in development of goal/reward. 5) Distinguish between assertive/ agressive communication in class	Contracting one-to-one assistance modified behavior protocol Conners_____ isolate to carel E. Seraydarian	Increase acceptance of authority		

APPENDIX A-2

PATIENT ID

PROBLEM: Declining school performance, failing grades, oppositional, defiant, peer conflict, aggressive, withdrawn, ADHD, school refusal, teacher conflict.

DATE	OBJECTIVE	INTERVENTION/FREQUENCY/STAFF	GOAL	REVIEWED	RESOLVED
	III 1)Will respond in friendly manner when approached by more than one student. 2)Will participate in sucess oriented, non-threatening academic tasks 3)Will participate in different relaxation techniques presented by teacher. 4)Given choice of self-isolation, student will increase participation in classroom activities. 5)Will initiate social contact with assistance. 6)Will initiate social contact independently.	One-to-one assistance 5x weekly Conferencing 1x weekly cues prompts, redirection - 5x weekly E. Seraydarian	Increase appropriate classroom interaction for the withdrawn child.		
	IV 1)Visually attend to task. 2)Auditorily attend to task. 3)Physically attend to task. 4)Plan appropriate methods for completing task. 5)Begin working independently. 6)Continue working on difficult task seeking assistance when appropriate, to task completion. 7)Complete assigned task. 8)Complete assigned task on time. 9)Respond to teacher correction w/ appropriate response.	Behavior management system 5x weekly Cues, prompts, redirection 5x weekly Shorten assigments 5x weekly Progress reports - 1x weekly Conners Isolate to carel E. Seraydarian	Increase appropriate on-task related behaviors		

APPENDIX A-3

PATIENT ID

PROBLEM: Declining school performance, failing grades, oppositional, defiant, peer conflict, aggressive, withdrawn, ADHD, school refusal, teacher conflict.

DATE	OBJECTIVE	INTERVENTION/FREQUENCY/STAFF	GOAL	REVIEWED	RESOLVED
	V 1)Decrease number of inappropriate noises. 2)Cease noises upon cue. 3)Decrease number of inappropriate comments during class. 4)Raise hand or use appropriate cue for teacher recognition. 5)Verbalize w/appropriate pitch, volume, tone. 6)Verbalize w/appropriate language 7)Decrease number of inappropriate actions, i.e., distractions w/ objects.	Cues, prompts, redirection 5x weekly Conferencing 5x weekly contracting 5x weekly Conners_____ E. Seraydarian	Develop appropriate physical conduct.		
	VI 1)Express feelings when asked. 2)Initiate expression of feelings. 3)Express negative feelings verbally not physically. 4)Initiate conversation regarding own feelings. 5)Identify methods of dealing w/ feelings. 6)Demonstrate appropriate outlets for feelings. 7)Identify inappropriate behaviors. 8)Identify consequences for inappropriate behavior. 9)Respond appropriately to consequences. 10)Label feelings of frustration. 11)Demonstrate awareness of frustrations as normal	Writing in journal 5x weekly Goal Conferencing 1x weekly Cues, prompts, redirection 5x weekly Conners_____	Increase positive personal behaviors		

APPENDIX A-4

PATIENT ID

PROBLEM: Declining school performance, failing grades, oppositional, defiant, peer conflict, aggressive, withdrawn, ADHD, school refusal, teacher conflict.

DATE	OBJECTIVE	INTERVENTION/FREQUENCY/STAFF	GOAL	REVIEWED	RESOLVED
	VII 1)Respond when angry without verbal abuse. 2)Respond to negative comments with appropriate techniques. 3)Respond appropriately to conversation. 4)Respond appropriately to directions. 5)Use "I" statements when expressing dissatisfaction. 6)State feelings when expressing dissatisfaction. 7)Ask questions to understand, clarify. 8)Offer alternative solutions to conflicts. 9)Listen to other's opinions during conflicts. 10)Discuss other's opinions during conflicts. 11)Express something positive about another's opinion. 12)Make positive statements about others. 13)Talk at appropriate time. 14)Converse with non-threatening body language. 15)Listen to complete statement before responding. 16)Demonstrate "active listening" skills. 17)Initiate conversations appropriately.	Cues, prompts, redirection 5x weekly Goal conferencing 1x weekly Conners_____ Modified behavior protocol Isolate to carel E. Seraydarian	Develop appropriate verbal conduct.		

APPENDIX A-5

PATIENT ID

PROBLEM: Declining school performance, failing grades, oppositional, defiant, peer conflict, aggressive, withdrawn, ADHD, school refusal, teacher conflict.

DATE	OBJECTIVE	INTERVENTION/FREQUENCY/STAFF	GOAL	REVIEWED	RESOLVED
	VIII 1)State failures, errors, truthfully. 2)State intentions truthfully. 3)State feelings truthfully. 4)Relate incidents truthfully with correct facts. 5)Re-tell story/incident with proper sequence and factual information.	Contracting - 1x weekly Goals conferencing - 1x weekly School point system - 5x weekly E. Seraydarian	Increase truthful behaviors.		

APPENDIX B

WEEKLY PROGRESS REPORT

	NEVER	SELDOM	SOMETIMES	ALWAYS
Appropriate Interactions With Others				
Courteous to staff and peers	1	2	3	4
Keeps hands to self	1	2	3	4
Refrain from aggressive behaviors	1	2	3	4
Appropriate language (no cursing)	1	2	3	4
Responds with courteous tone of voice	1	2	3	4
Demonstrates respect	1	2	3	4
Follows Directions				
Responds to directions on first request	1	2	3	4
Accepts consequences, time-outs	1	2	3	4
Accepts redirection	1	2	3	4
Participation				
Remains on-task	1	2	3	4
Completes task and assignment	1	2	3	4
Demonstrates involvement with class	1	2	3	4
Works independently when required	1	2	3	4
Turns in homework assignments	1	2	3	4
Transition				
Quiet	1	2	3	4
Accepts changes (subject transition)	1	2	3	4
Accepts changes (teacher transition)	1	2	3	4
Walking to and from school	1	2	3	4

Comments:

Teacher's Signature _____ Date _____

SandyPines
POLICIES AND PROCEDURES

Department: Education Number: _____

Subject: Student Academic Evaluation/Discharge Page 1 of 2

Approved: _____ Approved: _____
Dept. Head Administrator

POLICY

Riverbend Academy will ensure accurate student academic progress records and communication of same to Treatment Team, home school and Medical Records.

PURPOSE

To provide to the student, parents/legal guardians and treatment team a summary of academic progress and behavioral performance. To provide a smooth and effective student transition back to the home school.

I. STUDENT ACADEMIC EVALUATION RESPONSIBILITY

	PROCEDURE
Clinical Educator	1. Enter student academic and behavioral progress in the Medical Records once weekly.
	2. Verbally communicate progress to student while in school.
	3. Prepare Cumulative Record Folder to keep individual student school records while hospitalized.

II. DISCHARGE RESPONSIBILITY

Clinical Educator	1. Sign student Check-out Sheet for return of school property and give to Director of Education at check-out.
	2. Complete Curriculum Withdrawal form (three copies) and give two to Director of Education within 24 hours. Place one in Cumulative Folder.
	3. Complete Cumulative Student Record Folder and give to Director of Education within 10 days.
Director of Education	4. Give check-out sheet to Patient Accounts.

SandyPines
POLICIES AND PROCEDURES

Department: Education Number: _____

Subject: Student Academic Evaluation/Discharge Page 2 of 2

	5.	Give Curriculum Withdrawal to outreach worker and one to Medical Records.
	6.	File student Cumulative Record in school office file. (Destroy after five years).
MARTIN SCHOOL DISTRICT TEACHER AT SANDYPINES	7.	Notify Martin School District ESE Administrator/Designee within five days of student's discharge.
MARTIN SCHOOL DISTRICT ESE ADMINISTRATOR/ DESIGNEE	8.	Will Complete Hospital/homebound dismissal documentation and distribute.
DIRECTOR OF EDUCATION/ OUTREACH WORKER	9.	Call student's home school counselor, then mail or take Curriculum Withdrawal to student's home school counselor upon receipt (within 48 hours).
CASE MANAGER/ (TREATMENT TEAM INPUT)	10.	Prepare Discharge Summary within ten days. Discharge Summary: a. Summary of progress made b. Individualized Educational Plan and Psychoeducational Assessment. c. Other pertinent information.
	11.	Give copy to outreach worker, Medical Records, and Director of Education.
OUTREACH WORKER	12.	Take Discharge Summary to student's home school counselor within ten days. Facilitate school staffing with appropriate SandyPines Personnel.
	13.	Monitor student's school progress and provide aftercare support for six months.

Effective: 12/18/89
Reviewed: _____
Revised: _____

APPENDIX D

Survey of School Counselors/Teachers

1) Has anyone contacted you regarding academic or behavioral follow-up of any student/students who had been discharged from an inpatient psychiatric hospital?

2) Do you think there is a need for consistent follow-up of students returning to a school setting from inpatient psychiatric treatment?

Sandy Pines

March 18, 1991

To Whom It May Concern:

I am in support of Liz Serayda rian implementing her practicum concerning a follow-up study of children in the school setting. I feel this study will be helpful with feedback to parents, children, and their teachers and will help facilitate transition back to the school.

I am looking forward to reviewing the results of the follow-up study.

Sincerely yours,

Michael Gittelman /jb

Michael Gittelman
Administrator

/jb

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(407) 744-0211

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APPENDIX F

Classroom Behavior Assessment Instrument

Teacher Rating Form for the Assessment of Appropriate Teacher Interaction, Appropriate Peer Interaction and Appropriate Participation/Task Related Behavior of Children In The Classroom

Name of Child: _____ Grade: _____
Date of Evaluation: _____

Please answer all questions. Beside each item, indicate the degree of appropriateness by a check mark ( ).

	Not At All	Just A Little	Pretty Much	Very Much
1) Appears to be an independent thinker, not easily led.	____	____	____	____
2) Acts age appropriate.	____	____	____	____
3) Remains on task.	____	____	____	____
4) Verbalizes with appropriate pitch, tone & volume.	____	____	____	____
5) Demonstrates respect for rights of others.	____	____	____	____
6) Accepts changes, transitions, schedule changes with little difficulty.	____	____	____	____
7) Can plan appropriate methods for completing tasks.	____	____	____	____
8) Completes assigned tasks.	____	____	____	____
9) Relates incidents truthfully to authority.	____	____	____	____
10) Participates in classroom activities.	____	____	____	____
11) Communicates needs appropriately, assertively.	____	____	____	____
12) Is able to organize self with little teacher intervention.	____	____	____	____
13) Demonstrates positive interactions with peers.	____	____	____	____
14) Demonstrates "active listening" skills, focuses and attends.	____	____	____	____
15) Uses appropriate cues for teacher recognition.	____	____	____	____
16) Completes and turns in homework.	____	____	____	____
17) Asks for help when appropriate.	____	____	____	____
18) Turns in acceptable. work.	____	____	____	____
19) Makes positive statements about others.	____	____	____	____
20) Can control self around peers.	____	____	____	____
21) Accepts direction, redirection from teacher, staff.	____	____	____	____
22) Waits for his/her turn.	____	____	____	____
23) Participates in positive peer group activities.	____	____	____	____
24) Follows directions on first request.	____	____	____	____
25) Cooperates with teacher.	____	____	____	____
26) Works independently when required.	____	____	____	____
27) Offers compromises, alternative solutions to conflicts with peers.	____	____	____	____
28) Appears to be accepted by group.	____	____	____	____
29) Accepts consequences.	____	____	____	____
30) Follows classroom rules.	____	____	____	____

[/30] = _____% Appropriate Interactions With Teacher

[/30] = _____% Appropriate Interactions With Peers

APPENDIX G

Correlation of Statements to the Classroom Behavior Assessment Instrument

Three primary factors are identified and correlate to the teacher's rating instrument.

1) Appropriate Interactions with Teachers
   (4, 9, 11, 12, 15, 17, 21, 24, 25, 29)
2) Appropriate Interactions With Peers
   (1, 2, 5, 13, 19, 20, 22, 23, 27, 28)
3) Appropriate Participation/Task-Related Behaviors
   (3, 6, 7, 8, 10, 14, 16, 18, 26, 30)

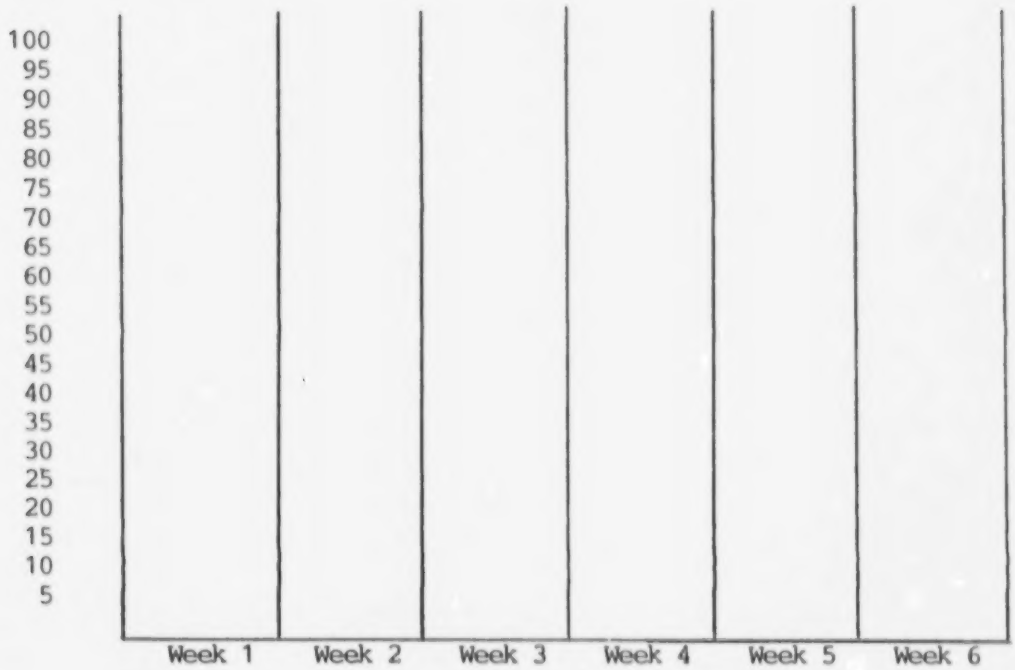
APPENDIX H

54

Table 1

Graph of Daily Percentage of Appropriate Classroom Behavior During Hospitalization

Student # _____



Code:	. _____ .	Appropriate Interactions With Teacher
	. -------- .	Appropriate Interactions With Peers
	. ...	Appropriate Participation/Task-Related Behaviors

Table 2

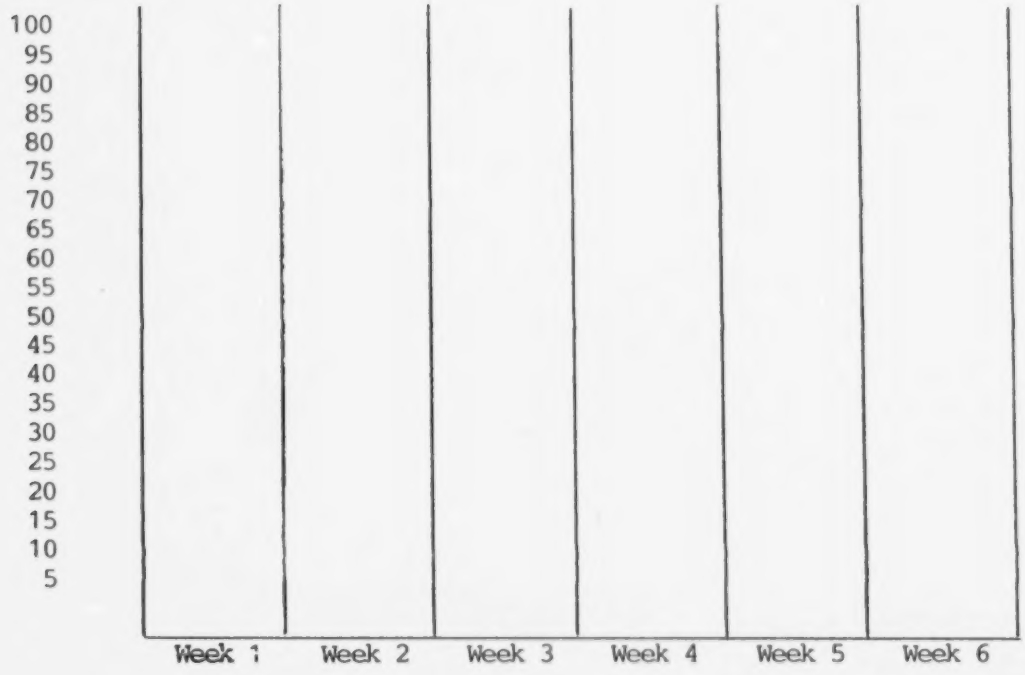
Daily Percentage of Appropriate Classroom Behavior During Hospitalization/Raw Scores

	Week 1					Week 2					Week 3					Week 4					Week 5					Week 6				
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
. _____ .																														
. -------- .																														
. ...																														

APPENDIX I

Table 1
Daily Percentage of Appropriate Classroom Behavior
During Follow-Up

Student # _____



Code: . _____ . Appropriate Interactions With Teacher
. -------- . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

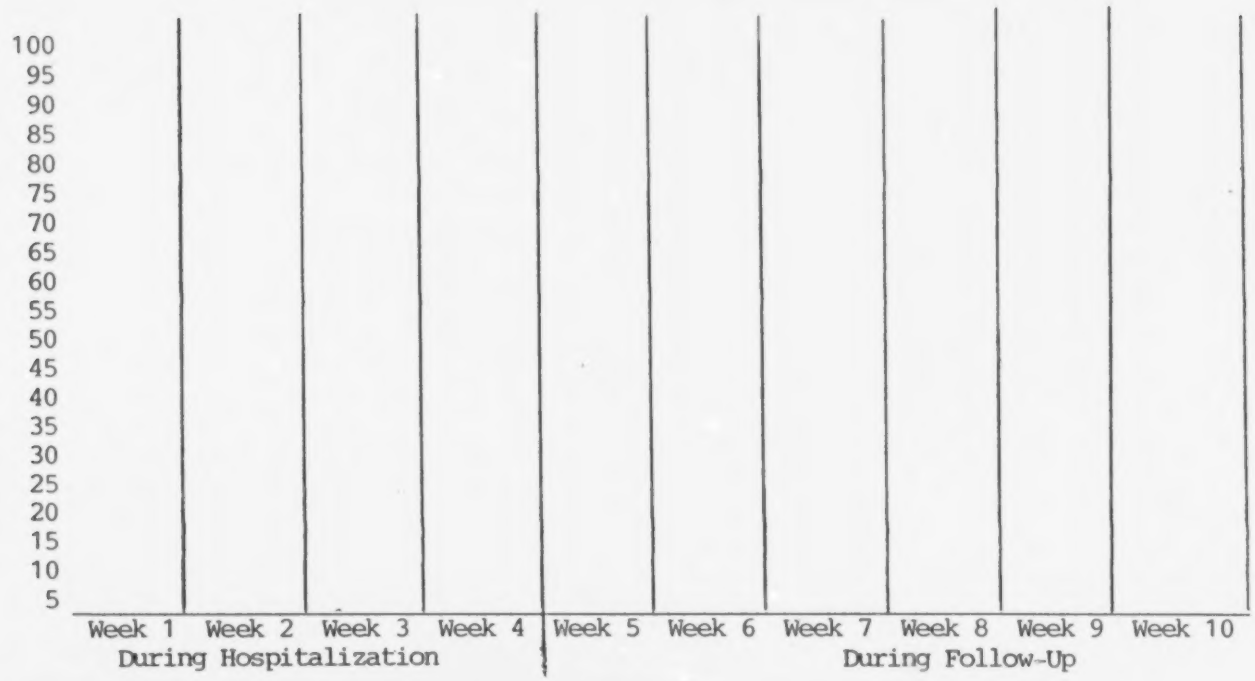
Table 2
Daily Percentages of Appropriate Classroom Behaviors
During Follow-Up/Raw Scores

	Week 1					Week 2					Week 3					Week 4					Week 5					Week 6				
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
. _____ .																														
. -------- .																														
. ...																														

APPENDIX J

Table 1

Weekly Mean Percentage of Appropriate Classroom Behavior During Hospitalization and Follow-Up/Graph



Code: . _____ . Appropriate Interactions With Teachers
. -------- . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2

Weekly Mean Percentage of Appropriate Classrom Behavior During Hospitalization and Follow-Up/Raw Scores

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
. _____ .										
. ----- .										
. ...										

APPENDIX K

Table 1

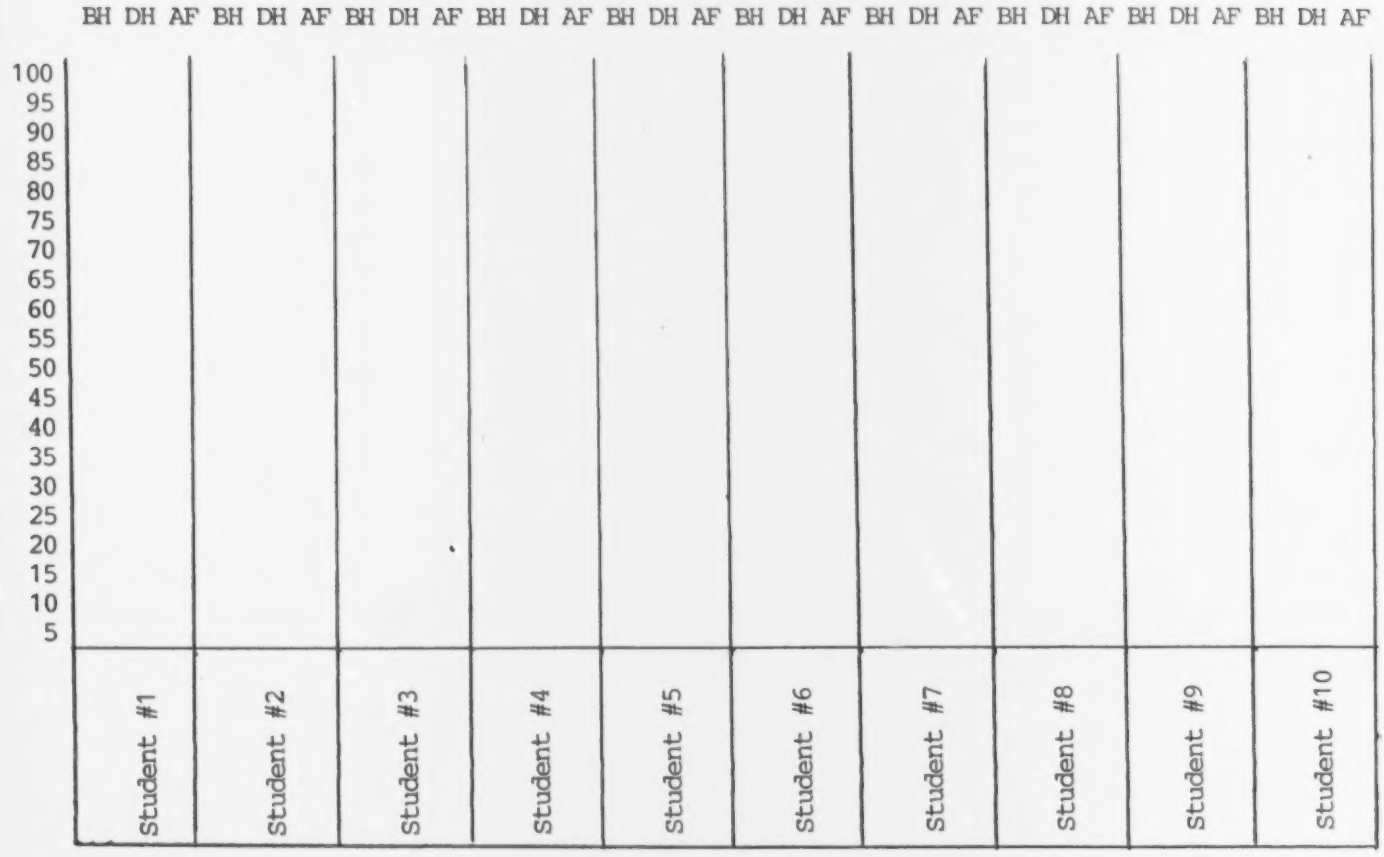
Final Mean Percentage of Appropriate Classroom Behavior
During Hospitalization

Students	Appropriate Interaction With Teacher	Appropriate Interaction With Peers	Appropriate Participation/Task Related Behaviors
Student #1			
Student #2			
Student #3			
Student #4			
Student #5			
Student #6			
Student #7			
Student #8			
Student #9			
Student #10			

Table 2
Final Mean Percentage of Approprite Classroom Behavior After Follow-Up

Students	Appropriate Interaction With Teacher	Appropriate Interaction With Peers	Appropriate Participation/Task Related Behaviors
Student #1			
Student #2			
Student #3			
Student #4			
Student #5			
Student #6			
Student #7			
Student #8			
Student #9			
STudent #10			

APPENDIX L
Table 1
Comparison of Baseline Data Prior To Hospitalization
Final Mean Percentage During Hospitalization, And
During The Follow-Up Study



Code: BH - Before Hospitalization
DH - During Hospitalization
AF - After Follow-Up

. _____ .	Appropriate Interaction With Teachers
. - - - - - - - - .	Appropriate Interaction With Peers
. . . .	Appropriate Participation/Task-Related Behaviors

APPENDIX M

Letters To Parents

Dear Parents,

Your child has been selected as one of ten students in a study during treatment and following discharge. The study will involve students from the Children's Unit and Early Adolescent Unit. The Classroom Behavior Assessment Instrument (see attached) will be implemented by teachers to assess Appropriate Interactions With Teachers, Appropriate Interactions With Peers, and Appropriate Participation/Task-Related Behaviors prior to admission, during four weeks of inpatient hospitalization and after discharge in a six-week follow-up study. The instrument will be a valuable tool to monitor behavioral progress, in educational treatment planning, and with parent and student feedback. You will receive feedback during your Parent Support/ Multifamily Program on a weekly basis. Your child's name will not be used in any part of the study.

If you have any questions or concerns, please contact me at 744-0211, extension 311.

Thank you for your cooperation.

Sincerely,

Liz Seraydarian
Clinical Educator

APPENDIX N

Letter To Hospital School Teachers
Purpose and Administration of Instrument

Dear Teachers,

_____, a student in your class, has been selected as one of ten students in a study to be conducted during hospitalization and after discharge. During this study, the student will be rated daily on his/her appropriate classroom behaviors. The three target areas to be rated include:

1) Appropriate Interactions With the Teacher

2) Appropriate Interactions With Peers

3) Appropriate Participation/Task-Related Behaviors

Please rate the behaviors on the following sheet and return the instrument in the self-addressed stamped envelope. This will be used as the baseline data to begin the study. It is hoped that this instrument will be a valuable tool to monitor behavioral progress, help with educational treatment planning, as well as provide positive feedback to parents and students. (The child's name will not be used in the study.)

Thank you for your participation in the study.

Sincerely,

Liz Seraydarian
Clinical Educator

APPENDIX O

Letters To Student's Teachers Prior To Hospitalization
Purpose and Administration of Instrument

Dear Teachers,

_____, a student in your class, has been selected as one of ten students in a study to be conducted during hospitalization and after discharge in a follow-up study. During this study, the student will be rated daily on his/her appropriate classroom behaviors. The three target areas to be rated include:

1) Appropriate Interactions With The Teacher

2) Appropriate Interactions With Peers

3) Appropriate Participation/Task-Related Behaviors

Please rate the statements on the following sheet and return the instrument in the self-addressed stamped envelope. This will be used as the baseline data to begin the study. It is hoped that this instrument will be a valuable tool to monitor behavioral progress, help with educational treatment planning, as well as provide positive feedback to parents and students. (The child's name will not be used in the study.)

If you have any questions, please contact me at 744-0211, extension 311. Thank you for your participation in this study.

Sincerely,

Liz Seraydarian
Clinical Educator

APPENDIX P

Letter to Student's Teachers After Discharge
Purpose and Administration of Instrument

Dear Teachers,

_____, a student in your class, has been selected as one of ten students in a study to be conducted during hospitalization and after discharge in a six-week follow-up study. During this study, the student will be rated daily on his/her appropriate classroom behaviors. The three target areas to be assessed include:

1) Appropriate Interactions With Teachers
2) Appropriate Interactions With Peers
3) Appropriate Participation/Task-Related Behaviors

You will be asked to rate the statements daily over a six-week period. An assessment packet which includes five assessment sheets will be mailed to you on a weekly basis. You would return the instruments in the self-addressed stamped envelope. I will score the instrument and compute results for the follow-up study.

It is hoped that the Classroom Behavior Assessment Instrument will be a valuable tool to monitor behavioral progress, help with educational treatment planning, and in providing feedback to parents and students. (The child's name will not be used in the study.) Please return the response card to indicate participation. If you have any questions, please contact me at 744-0211, extension 311. Thank you for your participation in this study.

Sincerely,

Liz Seraydarian
Clinical Educator

APPENDIX Q

Variables Involved In Treatment

Variable	Percentage of Students
School Placement	
Placed in Special Program Prior to Hospitalization	
Placed in Special Program Upon Discharge To School Setting	
Medication	
Medication Prescribed Prior to Hospitalization	
Medication Prescribed During Hospitalization and Upon Discharge	
Parents of Students Who Attended Groups During Treatment (Attended 90% of groups)*	
Parents of Students Who Attended Groups After Discharge (Attended 90% of groups)*	

* Groups include individual therapy, family therapy sessions, parent support group, multifamily programs, Aftercare Program, outpatient therapy as indicated by Treatment Team recommendations

APPENDIX R

Letters To Parents/Revision

Dear Parents,

Your Child has been selected as one of eight students in a study during treatment and following discharge. The study will involve students form the Children's Unit and Early Adolescent unit. The Classroom Behavior Assessment Instrument (see attached) will be implemented by teachers to assess Appropriate Interactions with Teachers, Appropriate Interactions with Peers, and Appropriate Participation/Task-Related Behaviors prior to admission, during inpatient hospitalization and after discharge in a follow-up study. The instrument will be a valuable tool to monitor behavioral progress, in educational treatment planning, and with parent and student feedback. you will receive feedback during your Parent Support/Multifamily Program on a weekly basis. Your child's name will not be used in any part of the study.

If you have any questions or concerns, please contact me at 744-0211, extension 311.

Thank you for your cooperation.

Sincerely,

Liz Seraydarian
Clinical Educator

APPENDIX S

Letters To Student's Teachers Prior To Hospitalization
Purpose and Administration of Instrument/Revision

Dear Teachers,

_____, a student in your class, has been selected as one of eight students in a study to be conducted during hospitalization and after discharge in a follow-up study. During this study, the student will be rated three times a week on his/her appropriate classroom behaviors. The three target areas to be rated include:

1) Appropriate Interactions with the Teacher
2) Appropriate Interactions with Peers
3) Appropriate Participation/Task-Related Behaviors

Please rate the statements on the following sheet and return the instrument in the self-addressed stamped envelope. This will be used as the baseline data to begin the study. It is hoped that this instrument will be a valuable tool to monitor behavioral progress, help with educational treatment planning, as well as provide positive feedback to parents and students. (The child's name will not be used in the study.)

If you have any questions, please contact me at 744-0211, extension 311. Thank you for your participation in this study.

Sincerely,

Liz Seraydarian
Clinical Educator

APPENDIX T

Letters To Hospital School Teachers
Purpose and Administration of Instrument/Revision

Dear Teachers,

_____, a student in your class, has been selected as one of eight students in a study to be conducted during hospitalization and after discharge. During this study, the student will be rated three times a week on his/her appropriate classroom behaviors. The three target areas to be rated include:

1) Appropriate Interactions with the Teacher

2) Appropriate Interactions with Peers

3) Appropriate Participation/Task-Related Behaviors

Please rate the statements on the following sheet and return the instrument. This will be used as the baseline data to begin the study. It is hoped that this instrument will be a valuable tool to monitor behavioral progress, help with educational treatment planning, as well as provide positive feedback to parents and students. (The child's name will not be used in the study.)

Thank you for your participation in this study.

Sincerely,

Liz Seraydarian
Clinical Educator

APPENDIX U

Letters To Student's Teachers After Discharge
Purpose and Administration of Instrument/Revision

Dear Teachers,

_____, a student in your class, has been selected as one of eight students in a study to be conducted during hospitalization and after discharge in a follow-up study. During this study, the student will be rated three times a week on his/her appropriate classroom behaviors. The three target areas to be rated include:

1) Appropriate Interactions with the Teacher

2) Appropriate Interactions with Peers

3) Appropriate Participation/Task-Related Behaviors

You will be asked to rate the statements Monday, Wednesday and Friday over a six-week period. An assessment packet which includes packets of five assessment sheets will be mailed to you or hand delivered to you at the beginning of the study. You would return one packet containing the assessment instrument in one of the self-addressed stamped envelope. I will score the instrument and compute the results for the follow-up study.

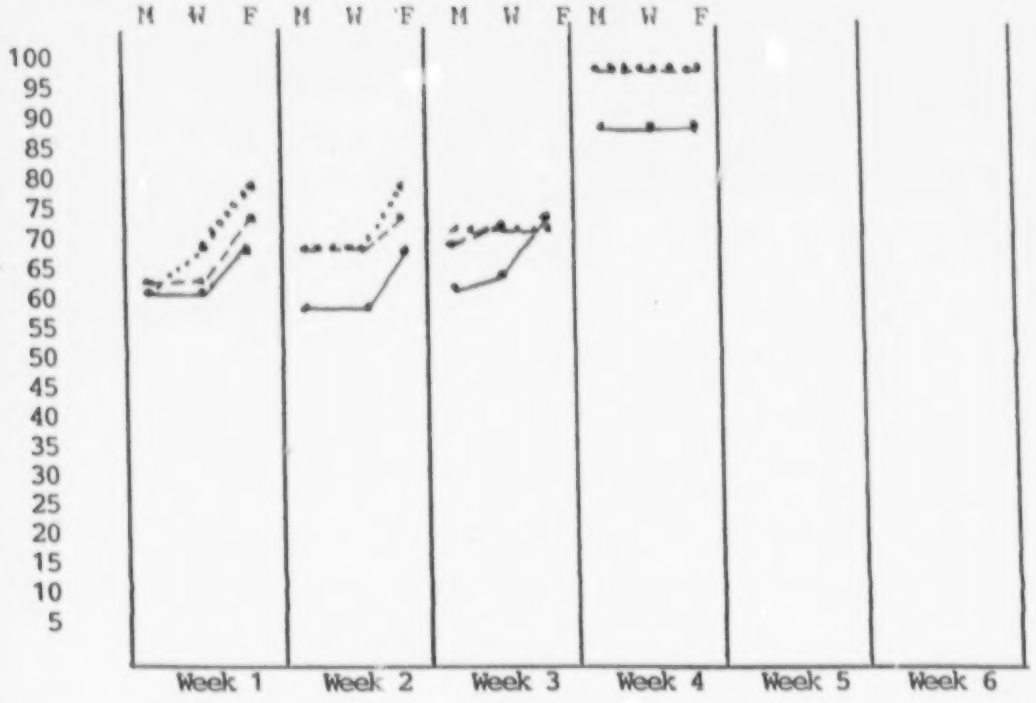
It is hoped that the Classroom Behavior Assessment Instrument will be a valuable tool to monitor behavioral progress, help with educational treatment planning, and provide positive feedback to parents and students. (The child's name will not be used in the study.) If you have any questions, please contact me at 744-0211, extension 311. Thank you for your participation in this study.

Sincerely,

Liz Seraydarian
Clinical Educator

APPENDIX V-1
Table 1
Graph of Daily Percentage of Appropriate Classroom Behavior
During Hospitalization/Results

Student # 1



Code:
. _____ . Appropriate Interactions With Teacher
. _____ . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2
Daily Percentage of Appropriate Classroom Behavior
During Hospitalization/Raw Scores

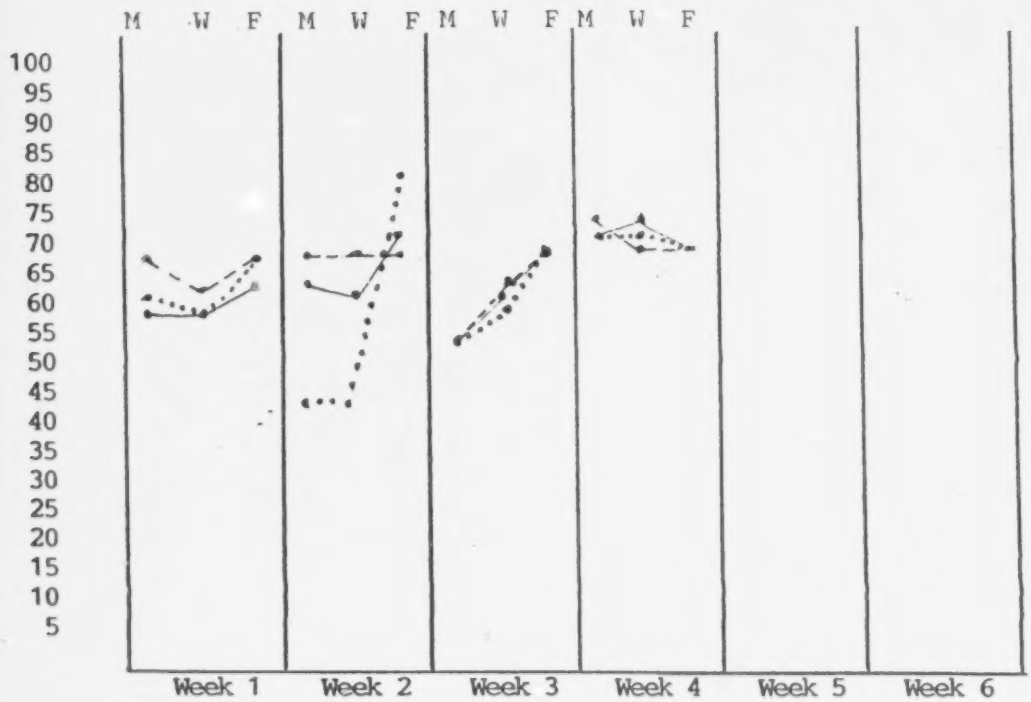
	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .	60	60	67	57	57	67	60	63	73	87	87	87						
. _____ .	63	63	73	67	67	73	67	70	70	97	97	97						
. ...	60	67	77	67	67	77	70	70	70	97	97	97						

APPENDIX V-2

Table 1

Graph of Daily Percentage of Appropriate Classroom Behavior During Hospitalization/Results

Student # 2



Code:		
. _____ .		Appropriate Interactions With Teacher
. _____ .		Appropriate Interactions With Peers
. ...		Appropriate Participation/Task-Related Behaviors

Table 2

Daily Percentage of Appropriate Classroom Behavior During Hospitalization/Raw Scores

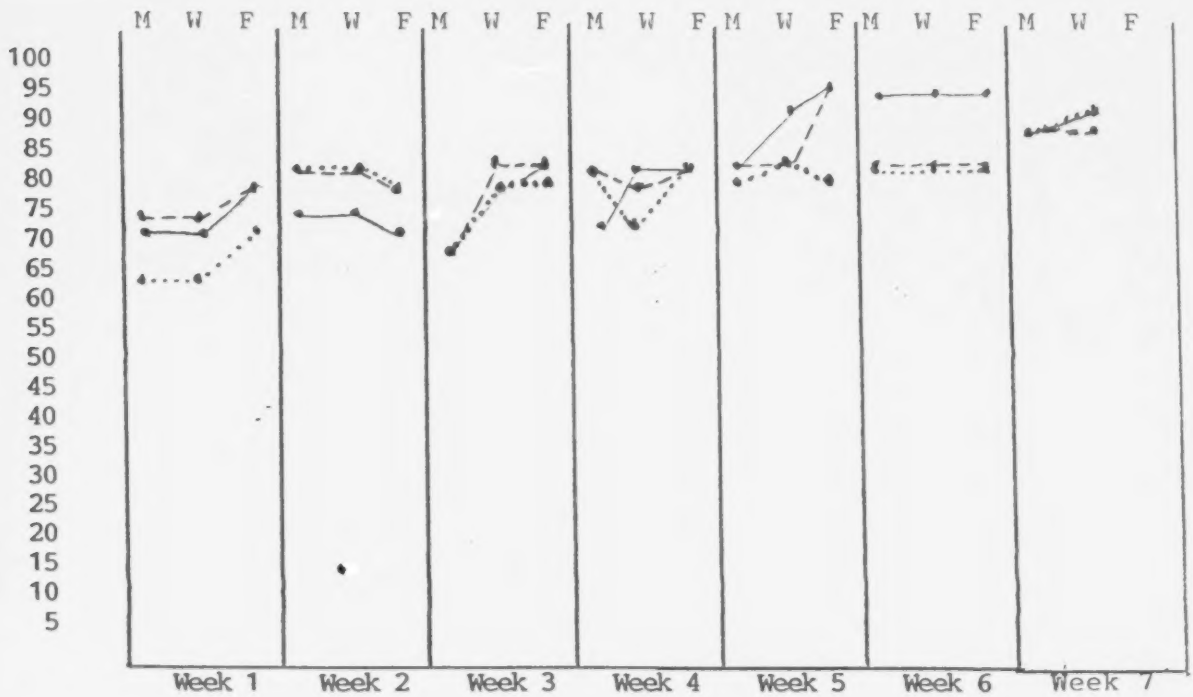
	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .	57	57	63	63	60	70	53	60	67	70	73	67						
. _____ .	67	63	67	67	67	67	53	63	67	73	67	67						
. ...	60	57	67	43	43	80	53	57	67	70	70	67						

APPENDIX V-3

Table 1

Graph of Daily Percentage of Appropriate Classroom Behavior During Hospitalization/Results

Student # 3



Code:
. _____ . Appropriate Interactions With Teacher
. ------ . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

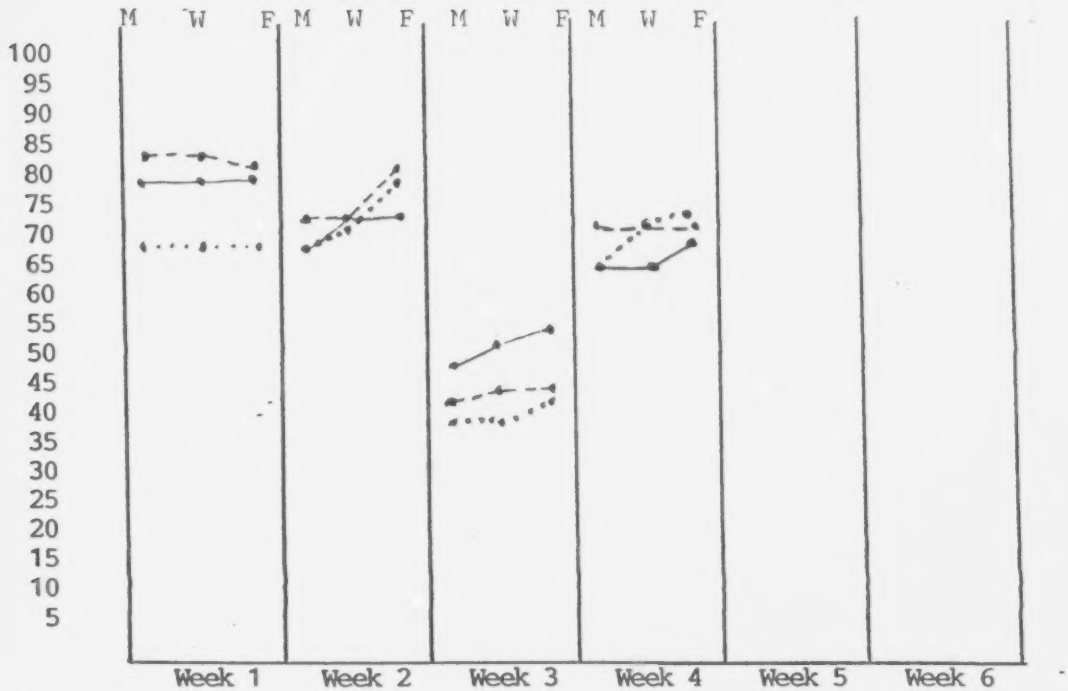
Table 2

Daily Percentage of Appropriate Classroom Behavior During Hospitalization/Raw Scores

	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6			Week 7		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .	70	70	77	73	73	70	67	77	80	70	80	80	80	90	93	93	93	93	86	90	-
. ------ .	73	73	77	80	80	77	67	80	80	80	77	80	80	80	93	80	80	80	86	86	-
. ...	63	63	70	80	80	77	67	77	77	80	70	80	77	80	77	80	80	80	86	90	-

APPENDIX V-4
Table 1
Graph of Daily Percentage of Appropriate Classroom Behavior
During Hospitalization/Results

Student # 4



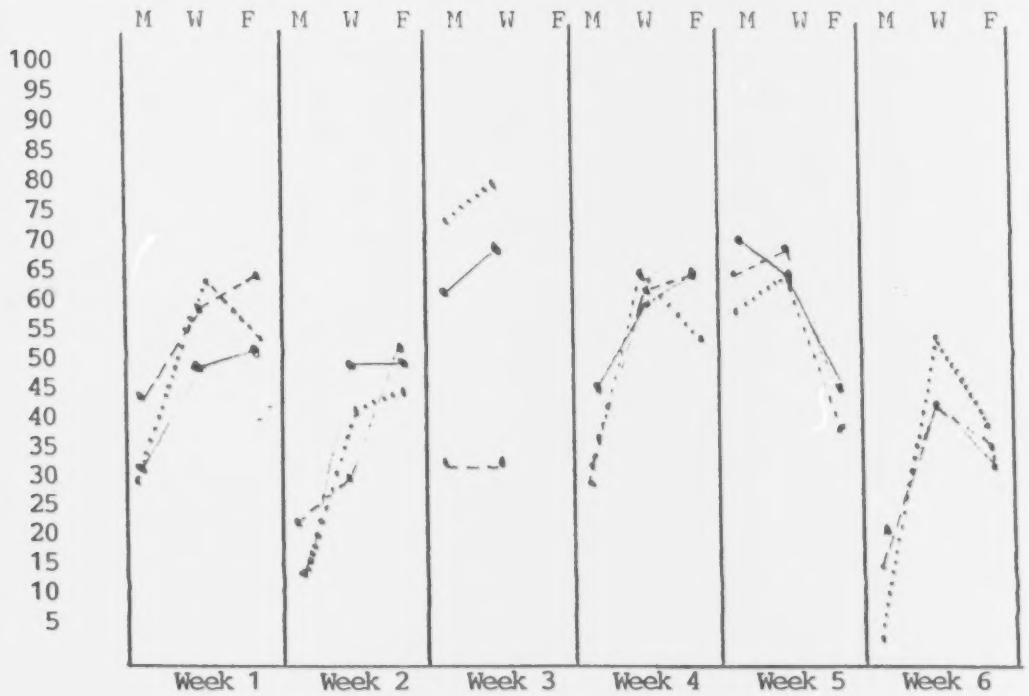
Code: . _____ . Appropriate Interactions With Teacher
. _____ . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2
Daily Percentage of Appropriate Classroom Behavior
During Hospitalization/Raw Scores

	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .	77	77	77	67	73	73	47	50	53	63	63	67						
. _____ .	83	83	80	73	73	80	40	43	43	70	70	70						
. ...	67	67	67	67	70	77	37	37	40	63	70	73						

Table 1
Graph of Daily Percentage of Appropriate Classroom Behavior
During Hospitalization /Results

Student # 5



Code: . _____ . Appropriate Interactions With Teacher
. ———— . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2
Daily Percentage of Appropriate Classroom Behavior
During Hospitalization/Raw Scores

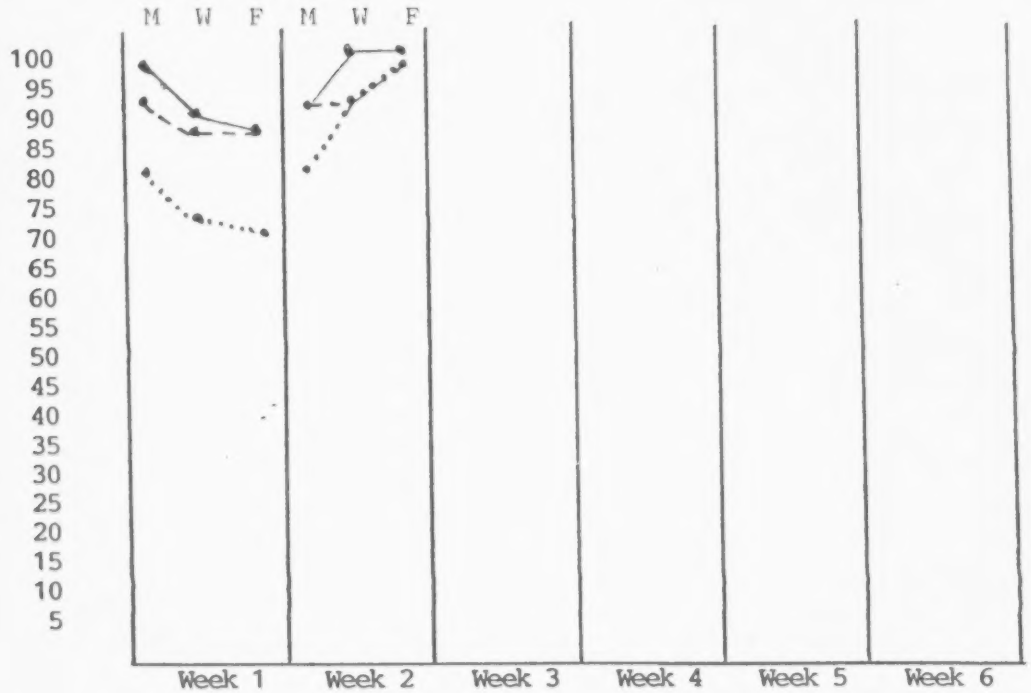
	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .	30	47	50	13	47	47	60	67	-	43	57	63	67	63	43	17	40	30
. ———— .	43	57	63	20	27	50	30	30	--	30	60	63	63	67	43	13	40	33
. ...	27	63	53	13	40	43	73	77	--	27	63	53	57	63	37	3	53	37

APPENDIX V-6

Table 1

Graph of Daily Percentage of Appropriate Classroom Behavior During Hospitalization/Results

Student # 6



Code:
. _____ . Appropriate Interactions With Teacher
. _____ . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

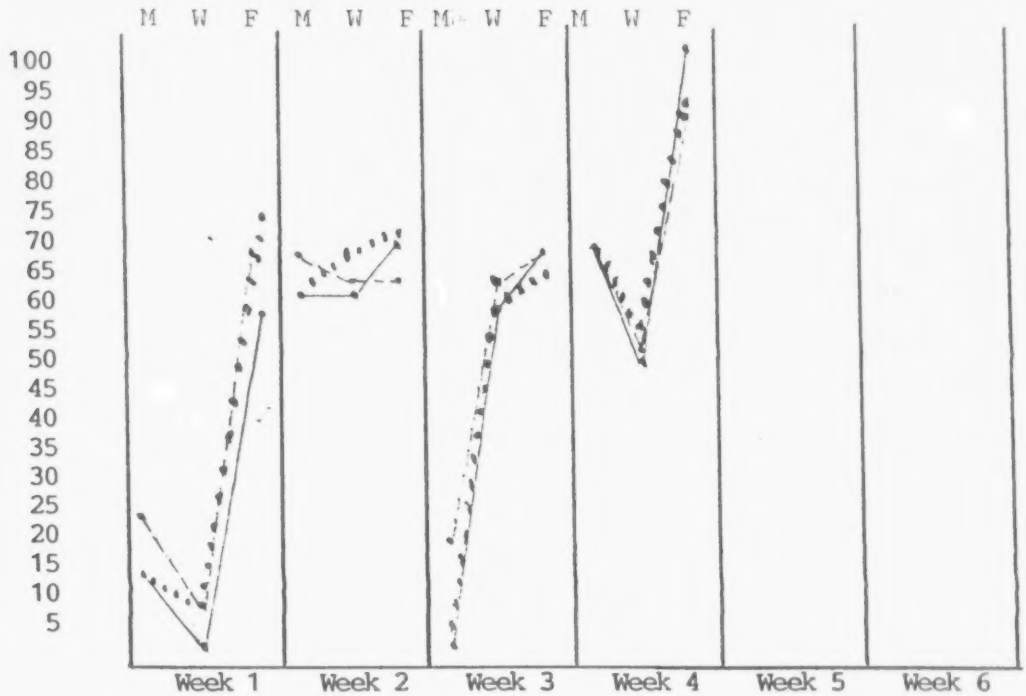
Table 2

Daily Percentage of Appropriate Classroom Behavior During Hospitalization/Raw Scores

	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .	97	90	87	93	100	100												
. _____ .	93	87	87	93	93	97												
. ...	80	73	70	80	93	97												

APPENDIX V-7
Table 1
Graph of Daily Percentage of Appropriate Classroom Behavior
During Hospitalization/Results

Student # 7



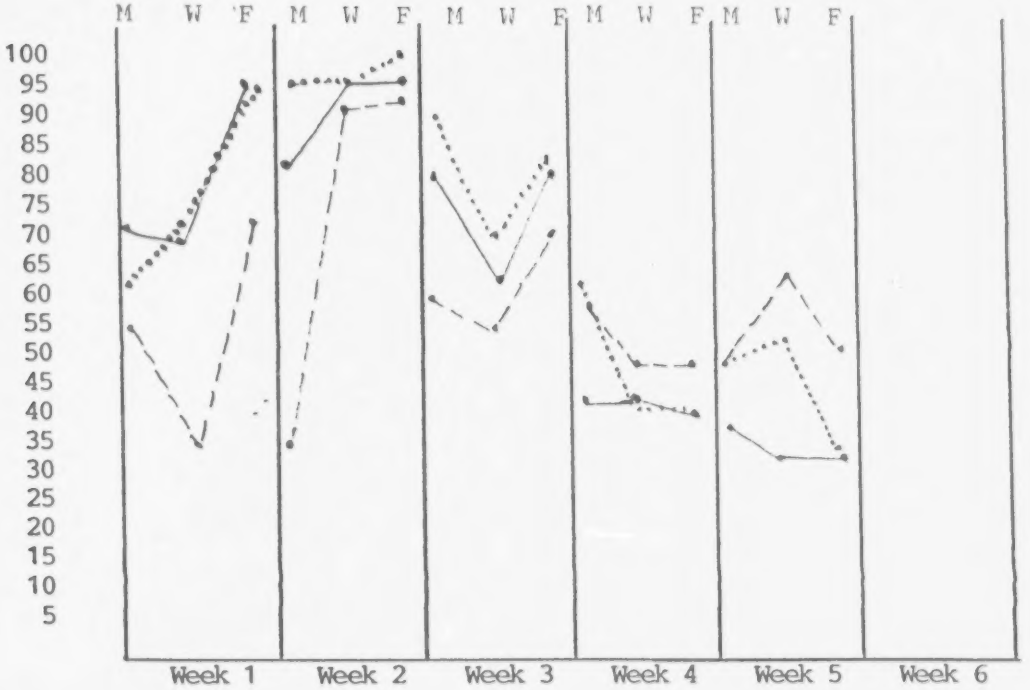
Code:		
. _____ .		Appropriate Interactions With Teacher
. ------ .		Appropriate Interactions With Peers
. ...		Appropriate Participation/Task-Related Behaviors

Table 2
Daily Percentage of Appropriate Classroom Behavior
During Hospitalization/Raw Scores

	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .	13	3	57	60	60	67	3	63	67	67	47	100						
. ------ .	23	6	67	67	63	63	17	63	67	67	50	90						
. ...	13	6	73	60	67	70	3	57	67	67	53	90						

APPENDIX V-8
Table 1
Graph of Daily Percentage of Appropriate Classroom Behavior
During Hospitalization/Results

Student # 8



Code:
. _____ . Appropriate Interactions With Teacher
. _ _ _ _ . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

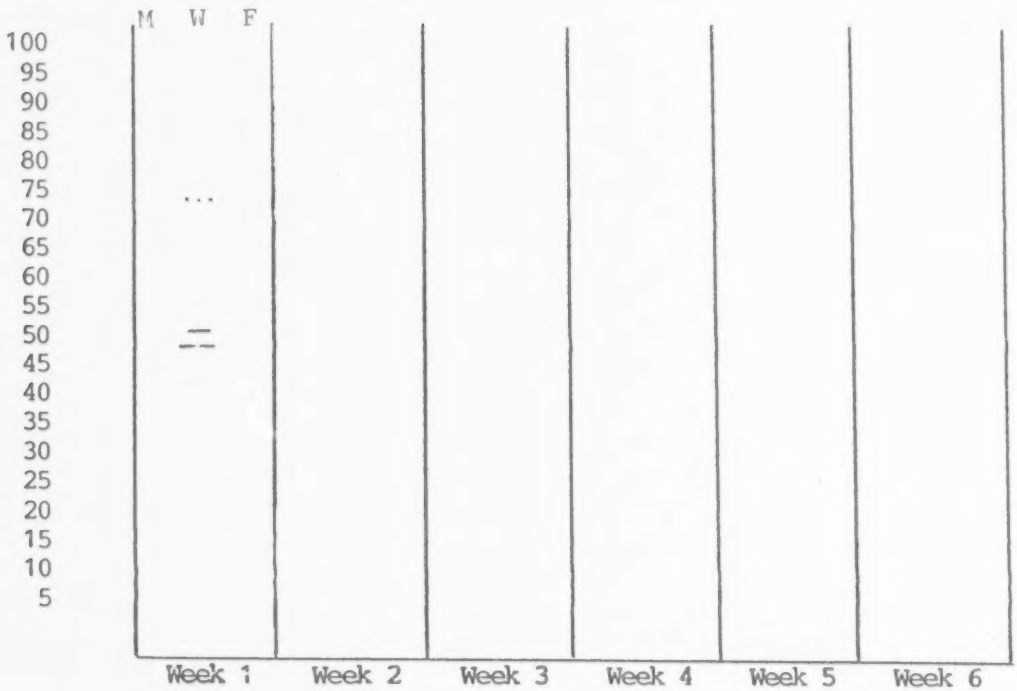
Table 2
Daily Percentage of Appropriate Classroom Behavior
During Hospitalization/Raw Scores

	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .	70	67	93	80	93	93	77	60	77	40	40	37	37	33	33			
. _ _ _ _ .	53	33	70	33	87	90	57	53	67	57	47	47	47	63	50			
. ...	60	70	93	93	93	97	87	67	80	60	40	37	47	50	33			

APPENDIX W-1

Table 1
Daily Percentage of Appropriate Classroom Behavior
During Follow-Up/Results

Student # 1



Code: . _____ .. Appropriate Interactions With Teacher
. ------- .. Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2
Daily Percentages of Appropriate Classroom Behaviors
During Follow-Up/Raw Scores

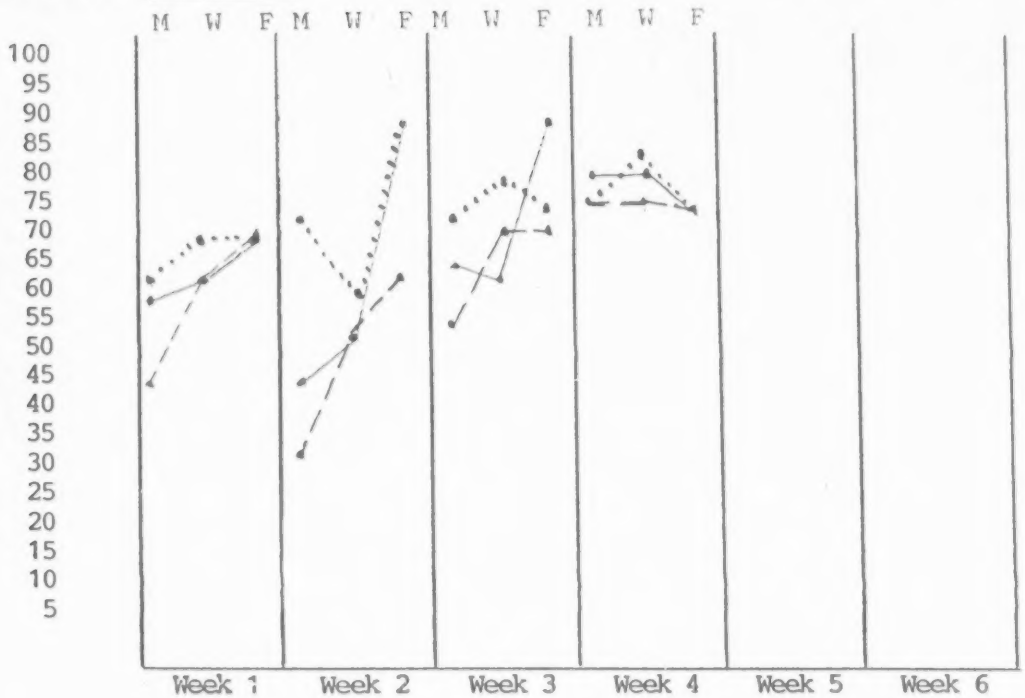
	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .	*	50	*															
. ------- .	*	47	*															
. ...	*	73	*															

* did not receive assessment instrument

APPENDIX W-2

Table 1
Daily Percentage of Appropriate Classroom Behavior
During Follow-Up/Results

Student # 2



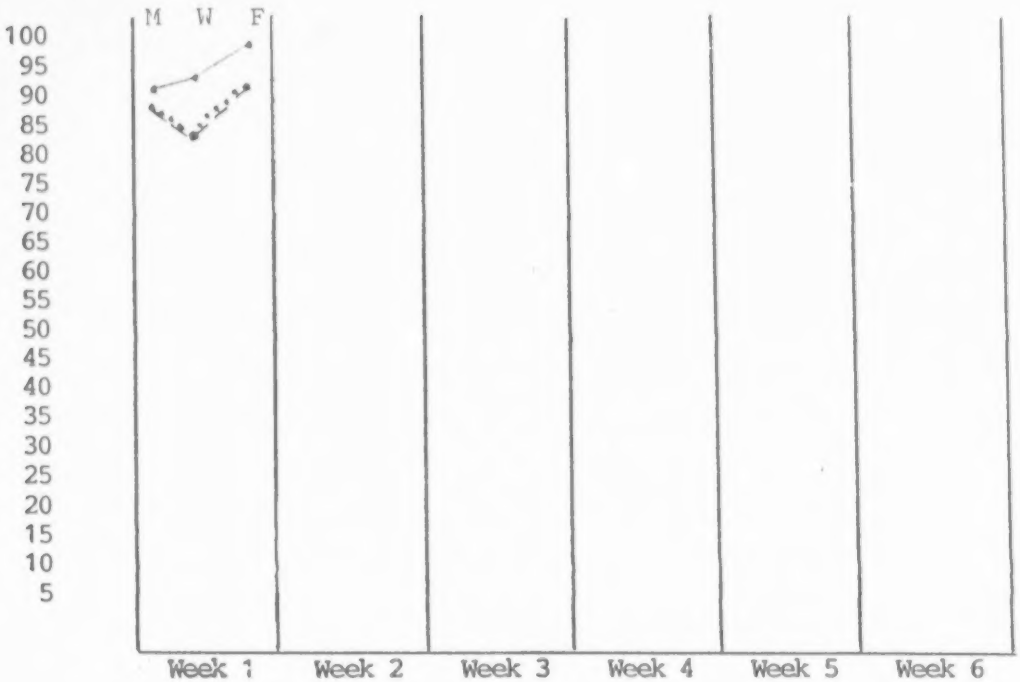
Code:
. _____ .. Appropriate Interactions With Teacher
. ------- .. Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2
Daily Percentages of Appropriate Classroom Behaviors
During Follow-Up/Raw Scores

	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .	57	60	67	43	50	87	63	60	67	77	77	70						
. ------- .	43	60	67	30	50	60	53	67	67	73	73	70						
. ...	60	67	67	70	57	87	70	77	73	77	80	70						

Table 1
Daily Percentage of Appropriate Classroom Behavior
During Follow-Up/Results

Student # 3



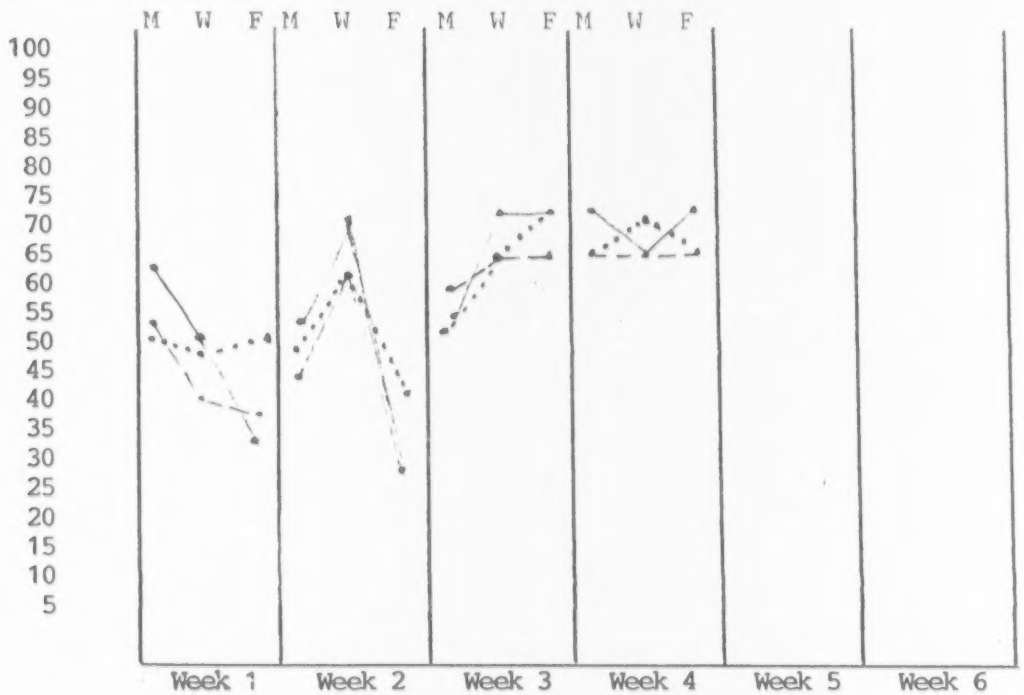
Code: . _____ .. Appropriate Interactions With Teacher
. ------ .. Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2
Daily Percentages of Appropriate Classroom Behaviors
During Follow-Up/Raw Scores

	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .	90	93	87															
. ------ .	87	83	90															
. ...	87	83	90															

Table 1
Daily Percentage of Appropriate Classroom Behavior
During Follow-Up/Results

Student # 4



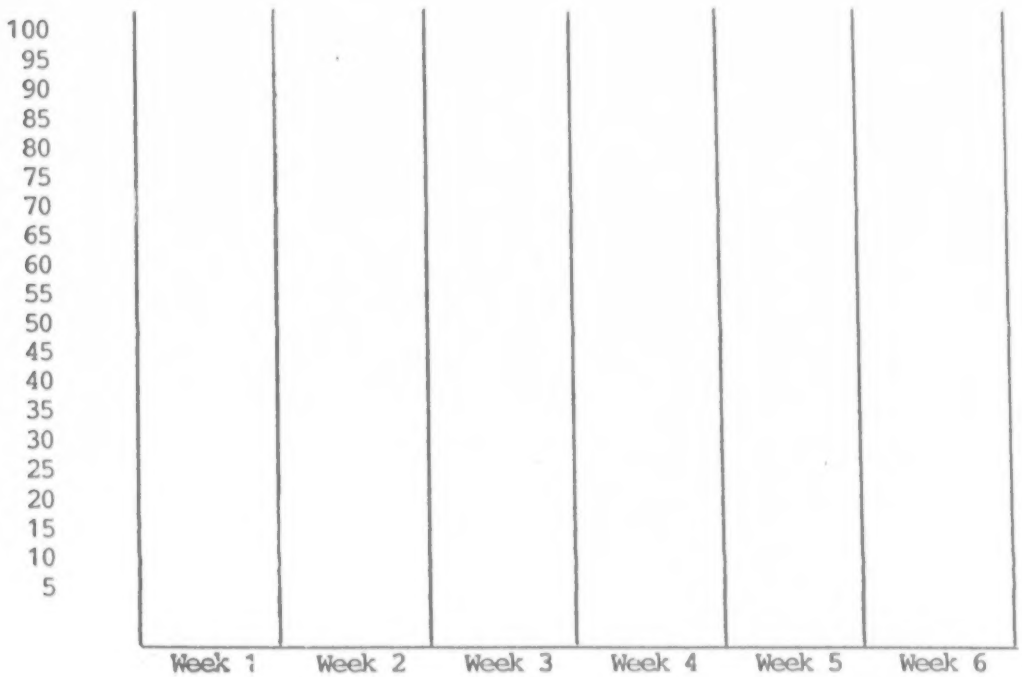
Code:
. _____ .. Appropriate Interactions With Teacher
. ------- .. Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2
Daily Percentages of Appropriate Classroom Behaviors
During Follow-Up/Raw Scores

	Week 1			Week 2			Week 3				Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	T	F	M	W	F	M	W	F	M	W	F
. _____ .	63	50	33	53	70	27	53	70		70	70	63	70						
. ------- .	53	40	37	43	60	77	57	63		63	63	63	63						
. ...	50	47	50	47	60	40	50	63		70	63	67	63						

Table 1
Daily Percentage of Appropriate Classroom Behavior
During Follow-Up / Results

Student # 5 * Did not attend any post-discharge school setting



Code: . _____ .. Appropriate Interactions With Teacher
. ------ .. Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

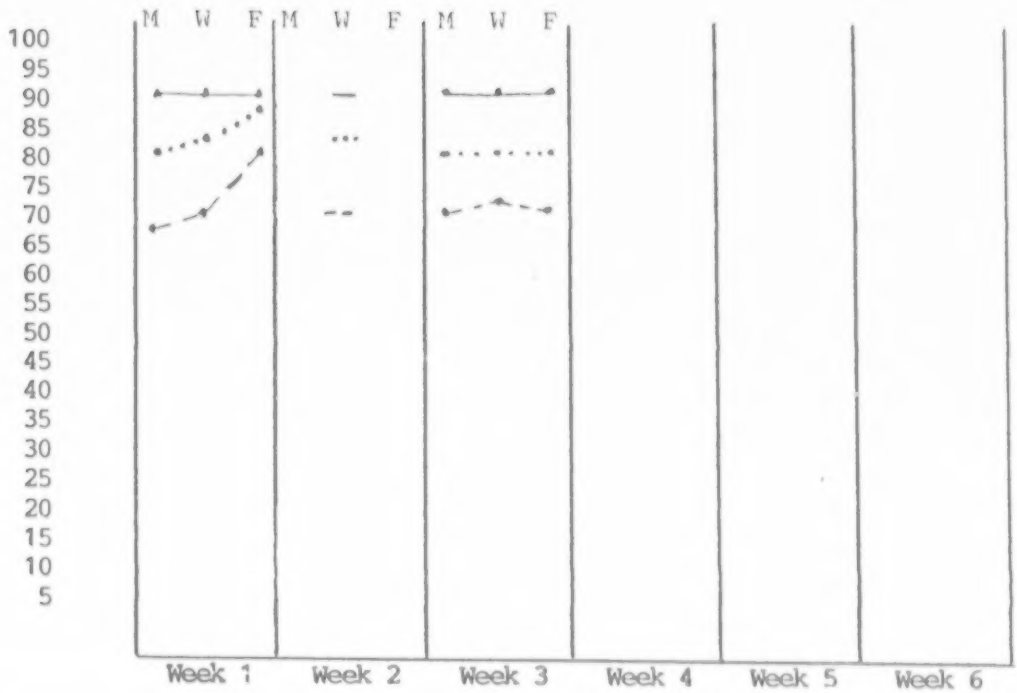
Table 2
Daily Percentages of Appropriate Classroom Behaviors
During Follow-Up/Raw Scores

	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .																		
. ------ .																		
. ...																		

APPENDIX W-6

Table 1
Daily Percentage of Appropriate Classroom Behavior
During Follow-Up / Results

Student # 6



Code:
. _____ .. Appropriate Interactions With Teacher
. _____ .. Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

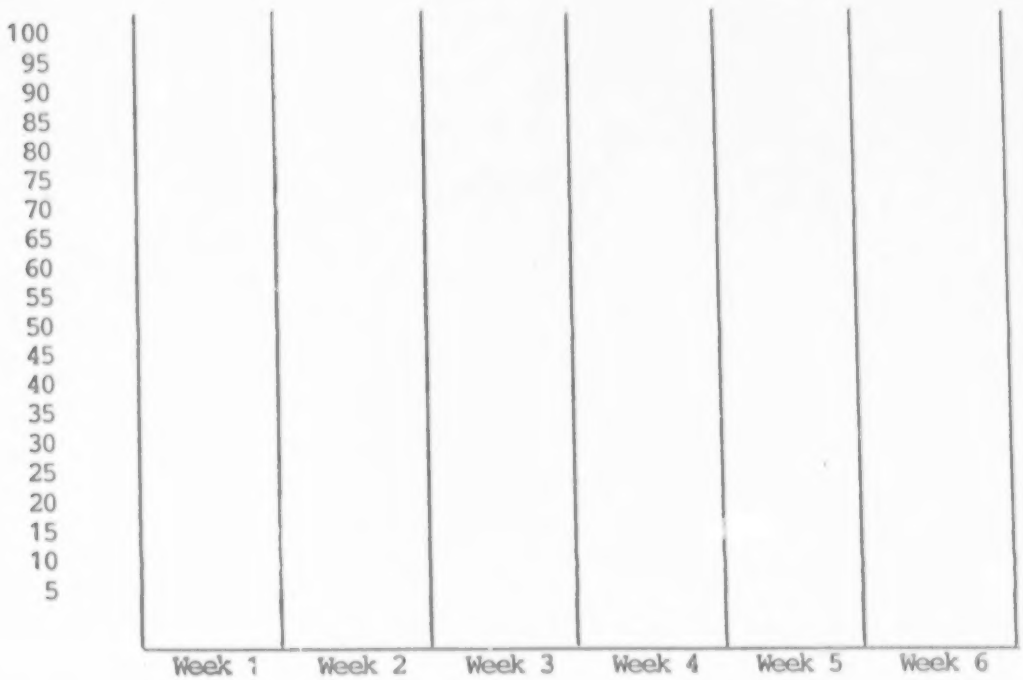
Table 2
Daily Percentages of Appropriate Classroom Behaviors
During Follow-Up/Raw Scores

	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .	90	90	90	*	90	*	90	90	90									
. ------- .	67	70	80	*	70	*	70	73	70									
. ...	80	83	87	*	83	*	80	80	80									

* Did not receive assessment instrument

Table 1
Daily Percentage of Appropriate Classroom Behavior
During Follow-Up / Results

Student # 7 * Did not attend any post-discharge school setting



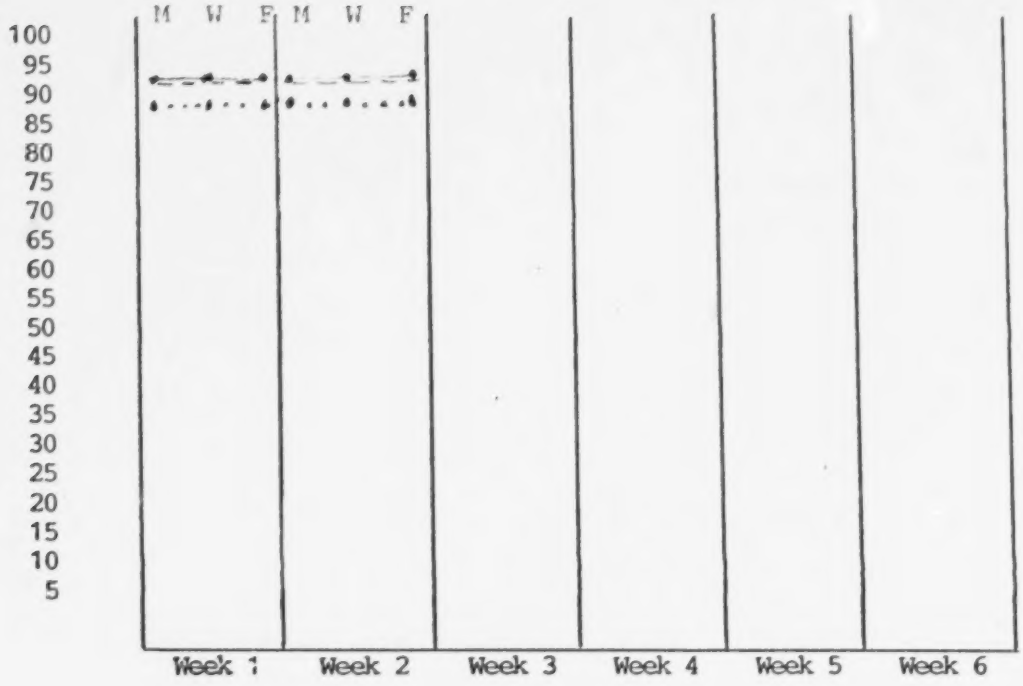
Code: . _____ .. Appropriate Interactions With Teacher
. ------- .. Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2
Daily Percentages of Appropriate Classroom Behaviors
During Follow-Up/Raw Scores

	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .																		
. ------- .																		
. ...																		

Table 1
Daily Percentage of Appropriate Classroom Behavior
During Follow-Up / Results

Student # 8



Code:		
. _____ ..	Appropriate Interactions With Teacher
. ------- ..	Appropriate Interactions With Peers
. ...	Appropriate Participation/Task-Related Behaviors

Table 2
Daily Percentages of Appropriate Classroom Behaviors
During Follow-Up/Raw Scores

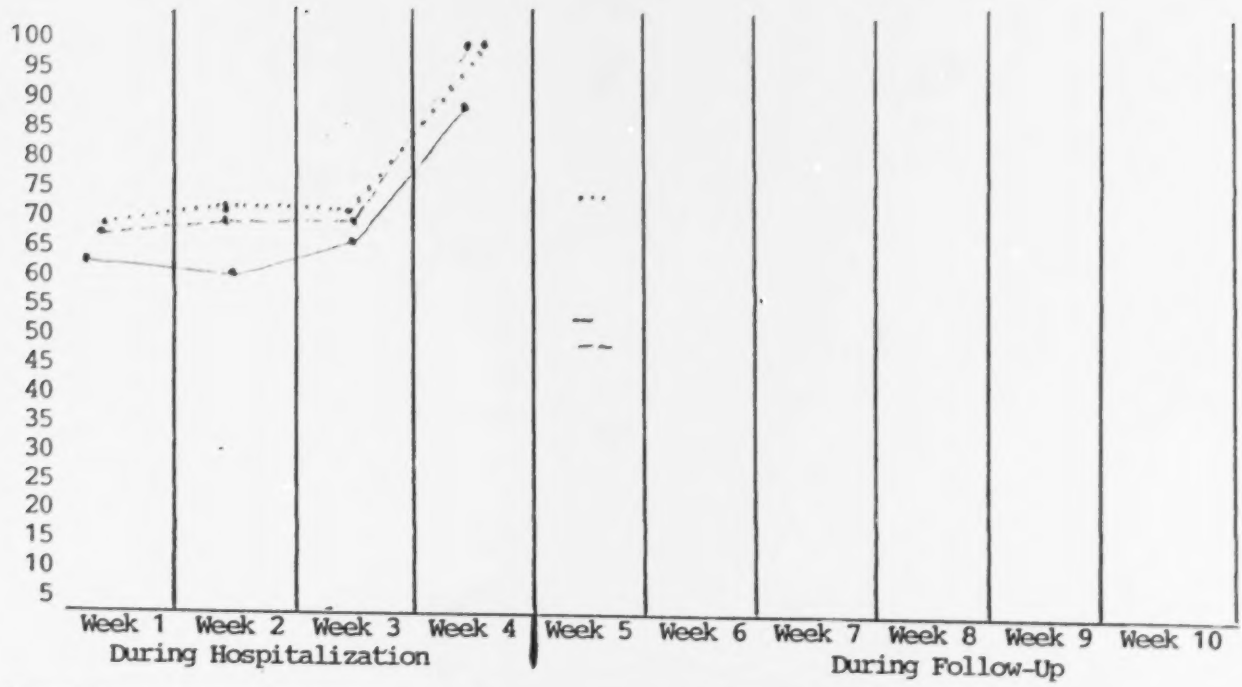
	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6		
	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F	M	W	F
. _____ .	93	93	93	93	93	93												
. ------- .	93	93	93	93	93	93												
. ...	87	87	87	87	87	87												

Student #1

APPENDIX X-1

Table 1

Weekly Mean Percentage of Appropriate Classroom Behavior During Hospitalization and Follow-Up/Graph/Results



Code: . _____ . Appropriate Interactions With Teachers
. ------ . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

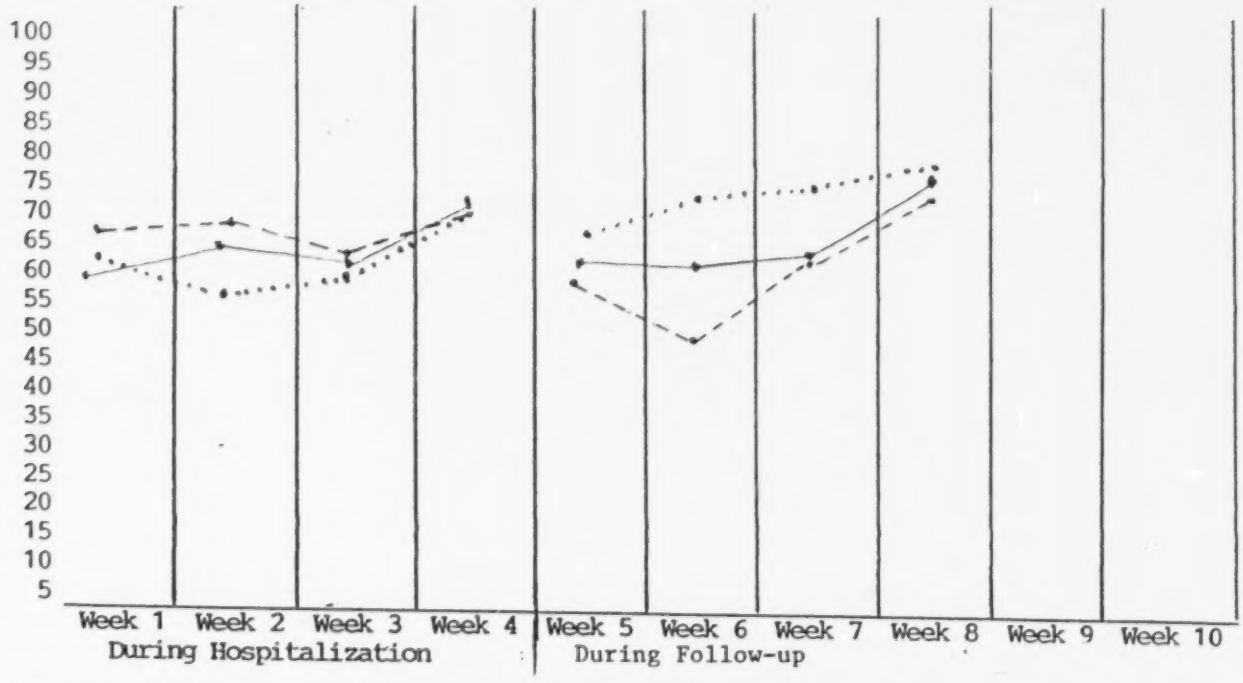
Table 2

Weekly Mean Percentage of Appropriate Classrom Behavior During Hospitalization and Follow-Up/Raw Scores

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
_____ .	62	60	65	87	50					
----- .	66	69	69	97	47					
..... .	68	70	70	97	73					

Student #2

Table 1
Weekly Mean Percentage of Appropriate Classroom Behavior
During Hospitalization and Follow-Up/Graph /Results



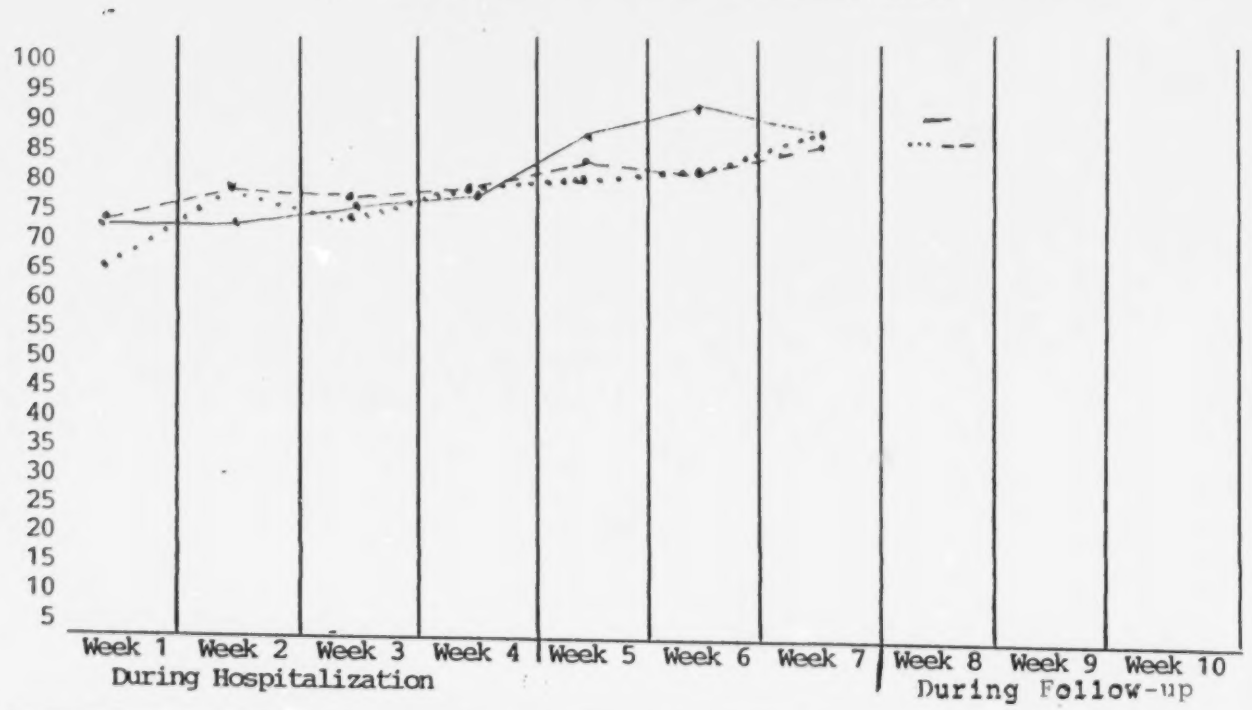
Code:
. _____ . Appropriate Interactions With Teachers
. ------- . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2
Weekly Mean Percentage of Appropriate Classrom Behavior
During Hospitalization and Follow-Up/Raw Scores

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
_____ .	59	64	60	70	61	60	63	75		
----- .	66	67	61	69	57	47	62	72		
..... .	61	55	59	69	65	71	73	76		

Student #3

Table 1
Weekly Mean Percentage of Appropriate Classroom Behavior
During Hospitalization and Follow-Up/Graph /Results



Code:
. _____ . Appropriate Interactions With Teachers
. ------ . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2
Weekly Mean Percentage of Appropriate Classrom Behavior
During Hospitalization and Follow-Up/Raw Scores

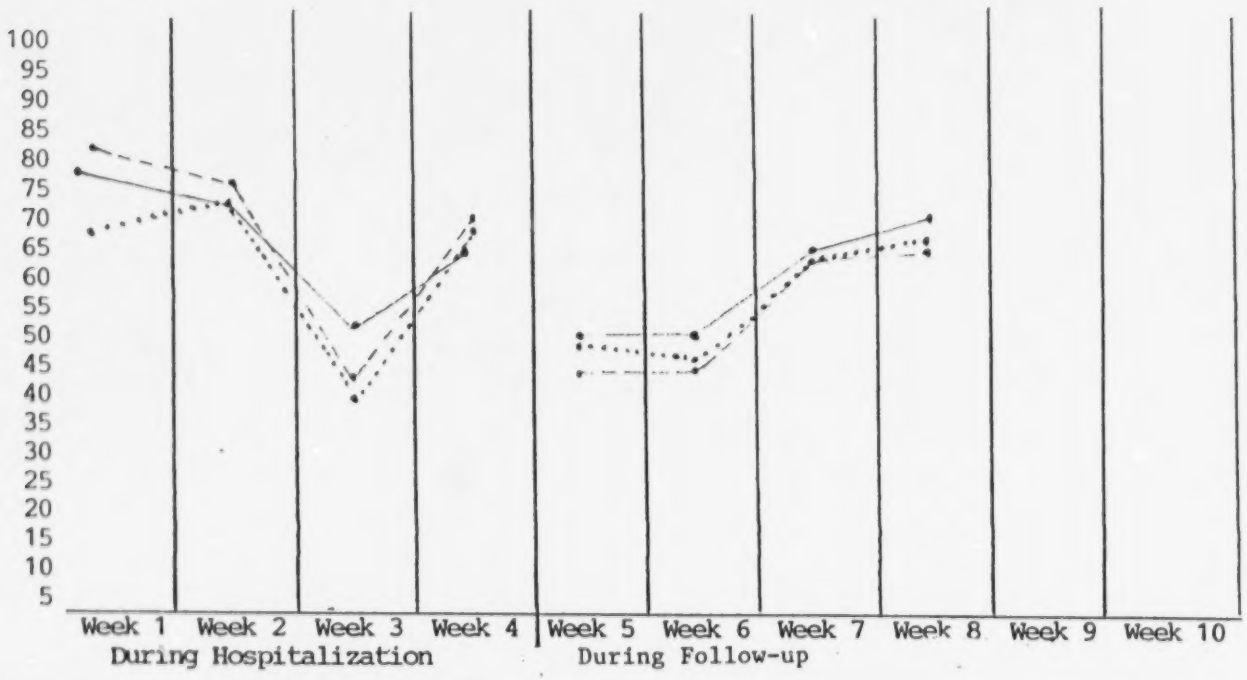
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
_____ .	72	72	75	77	88	93	88	90		
----- .	74	79	76	79	84	80	86	87		
..... .	65	79	74	77	78	80	88	87		

APPENDIX X-4

Student #4

Table 1

Weekly Mean Percentage of Appropriate Classroom Behavior During Hospitalization and Follow-Up/Graph/Results



Code: . _____ . Appropriate Interactions With Teachers

. - - - - - - - . Appropriate Interactions With Peers

. . . . Appropriate Participation/Task-Related Behaviors

Table 2

Weekly Mean Percentage of Appropriate Classrom Behavior During Hospitalization and Follow-Up/Raw Scores

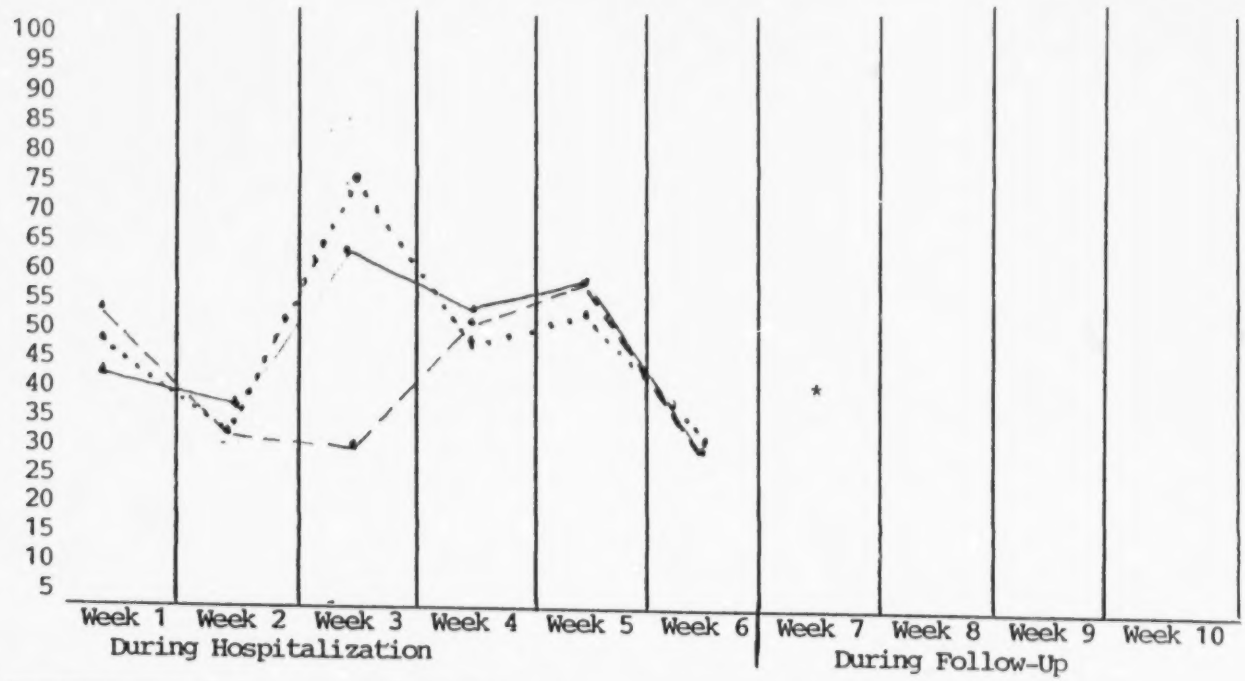
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
_____ .	77	71	50	64	50	50	64	58		
----- .	82	75	42	70	43	43	61	63		
..... .	67	71	38	69	49	45	61	64		

Student #5

APPENDIX X-5

Table 1

Weekly Mean Percentage of Appropriate Classroom Behavior During Hospitalization and Follow-Up/Graph /Results



Code: . _____ . Appropriate Interactions With Teachers
. - - - - - - . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2

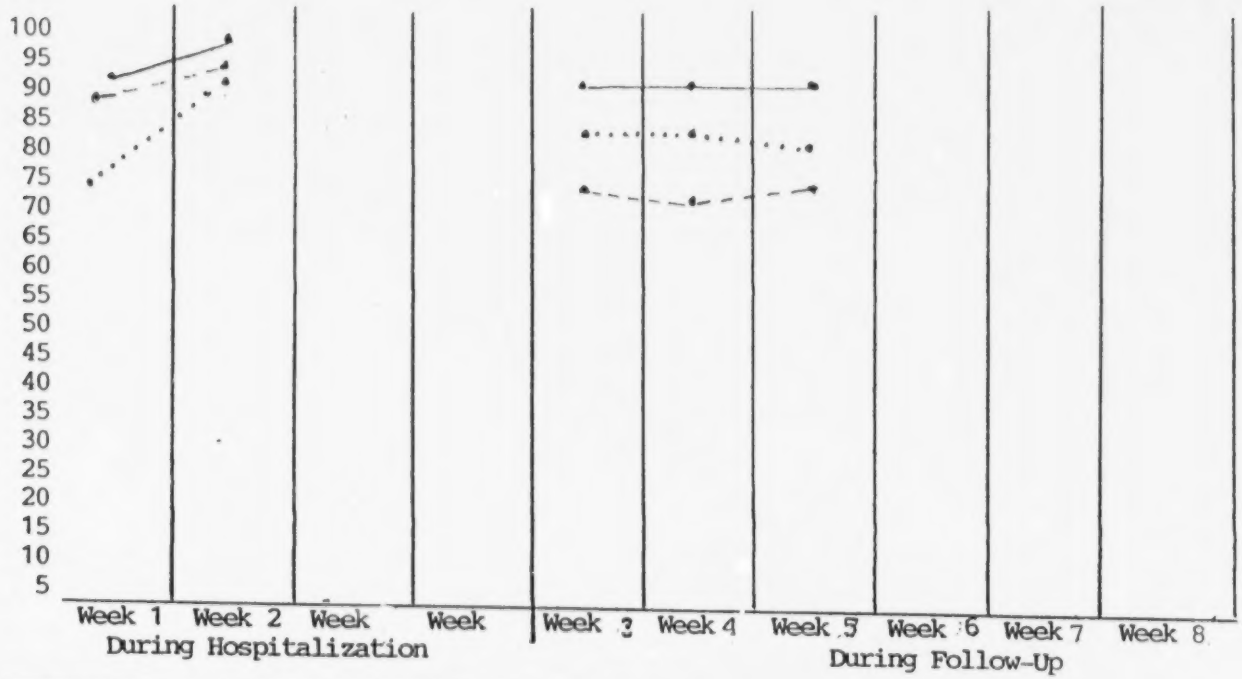
Weekly Mean Percentage of Appropriate Classrom Behavior During Hospitalization and Follow-Up/Raw Scores

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
_____ .	42	36	64	54	58	29				
----- .	54	32	30	51	58	29				
..... .	48	32	75	48	52	31				

*Did not attend any post-discharge school setting

Student #6

Table 1
Weekly Mean Percentage of Appropriate Classroom Behavior
During Hospitalization and Follow-Up/Graph /Results



Code: . _____ . Appropriate Interactions With Teachers
. ------ . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2
Weekly Mean Percentage of Appropriate Classrom Behavior
During Hospitalization and Follow-Up/Raw Scores

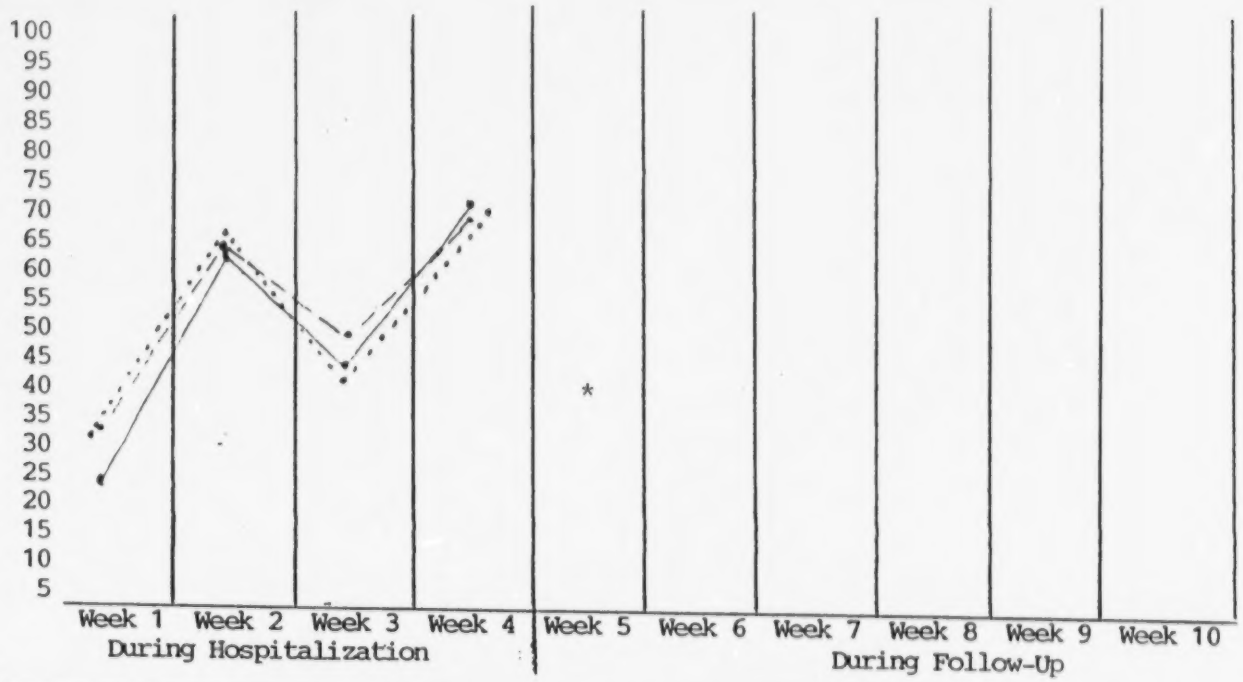
	Week 1	Week 2	Week	Week	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
____ .	91	98			90	90	90			
----- .	89	94			72	70	72			
..... .	74	90			83	33	80			

APPENDIX X-7

Student #7

Table 1

Weekly Mean Percentage of Appropriate Classroom Behavior During Hospitalization and Follow-Up/Graph/Results



Code:
- _____ Appropriate Interactions With Teachers
- ------ Appropriate Interactions With Peers
- ..... Appropriate Participation/Task-Related Behaviors

Table 2

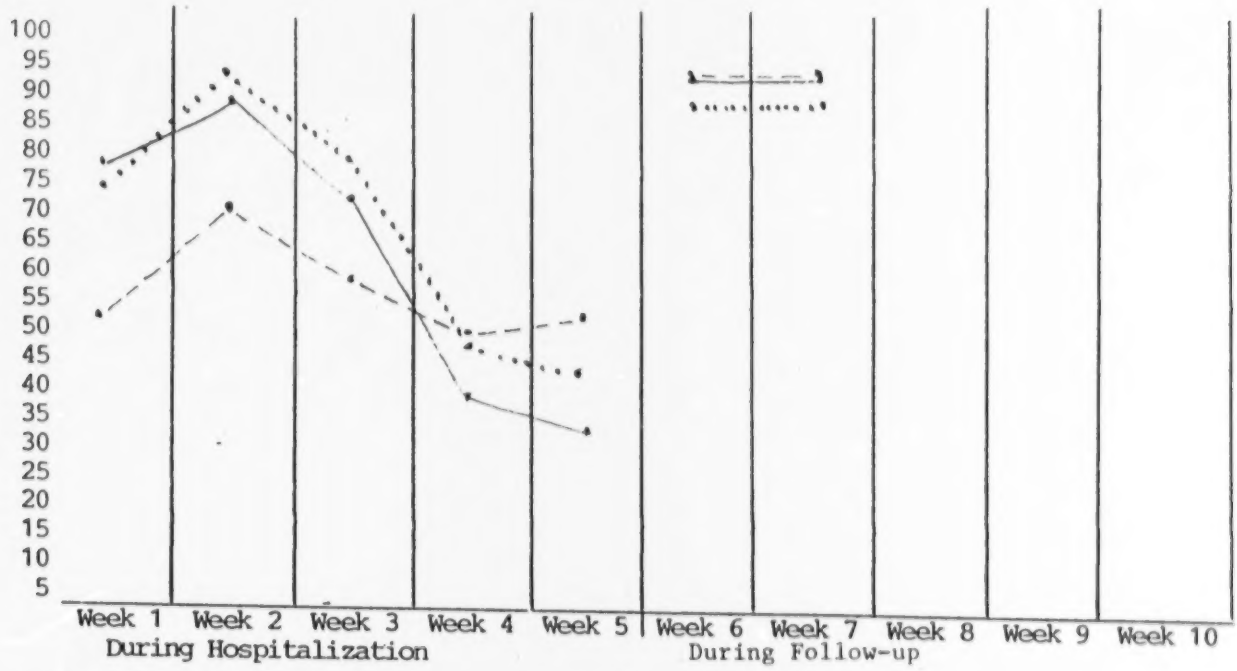
Weekly Mean Percentage of Appropriate Classrom Behavior During Hospitalization and Follow-Up/Raw Scores

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
_____	24	62	44	71	*					
-----	32	64	49	69	*					
.....	31	66	42	70	*					

* Did not attend any post-discharge school setting

Student #8

Table 1
Weekly Mean Percentage of Appropriate Classroom Behavior
During Hospitalization and Follow-Up/Graph/Results



Code: . _____ . Appropriate Interactions With Teachers
. ------- . Appropriate Interactions With Peers
. ... Appropriate Participation/Task-Related Behaviors

Table 2
Weekly Mean Percentage of Appropriate Classrom Behavior
During Hospitalization and Follow-Up/Raw Scores

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
_____ .	77	89	71	39	34	93	93			
----- .	52	70	59	50	53	93	93			
..... .	74	94	78	46	43	87	87			

APPENDIX Y

Table 1

Final Mean Percentage of Appropriate Classroom Behavior
During Hospitalization / Results

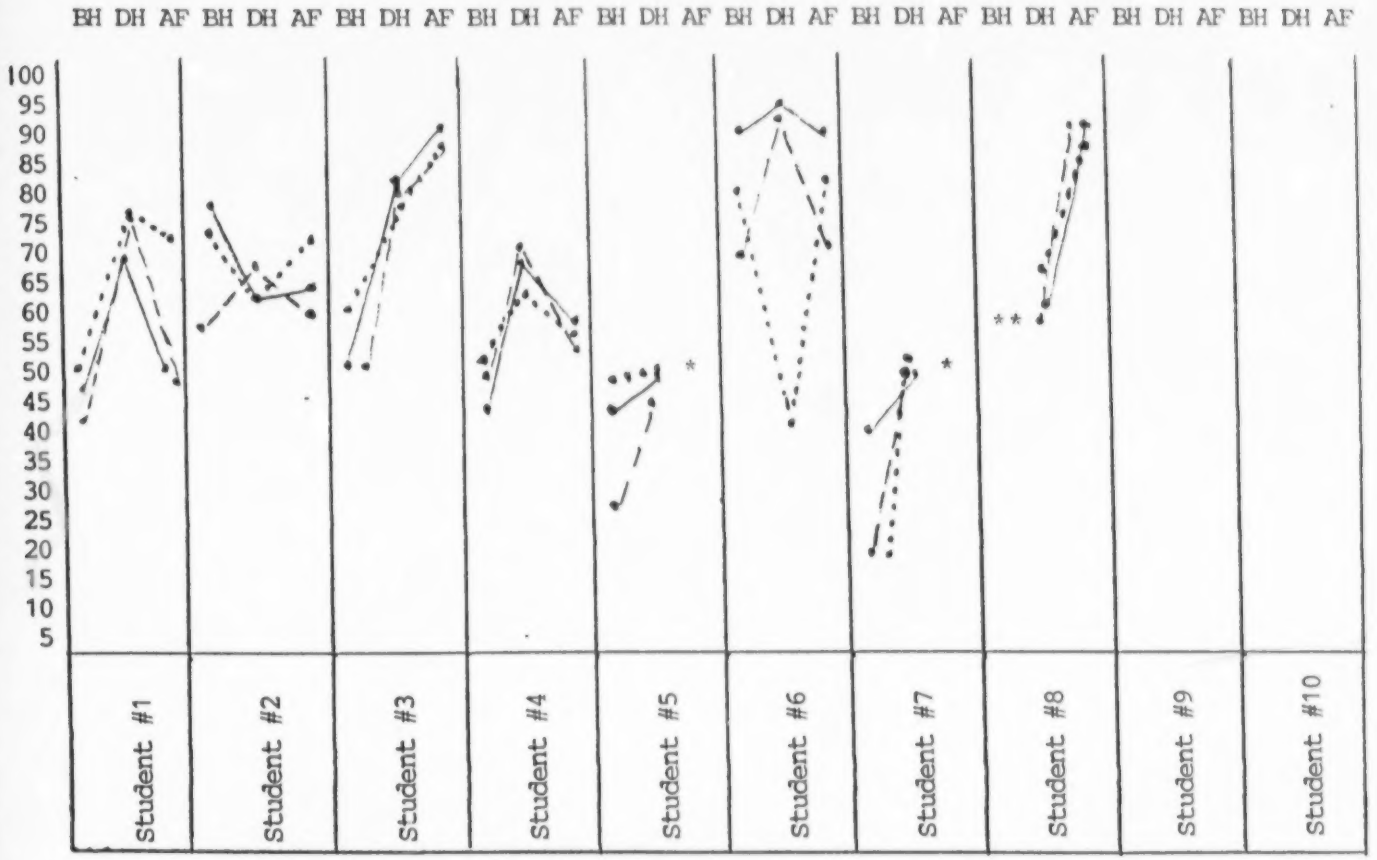
Students	Appropriate Interaction With Teacher	Appropriate Interaction With Peers	Appropriate Participation/Task Related Behaviors
Student #1	69	75	76
Student #2	63	65	61
Student #3	81	80	77
Student #4	66	67	61
Student #5	47	42	48
Student #6	94	92	41
Student #7	50	53	52
Student #8	62	57	67
Student #9			
Student #10			

Table 2
Final Mean Percentage of Approprite Classroom Behavior After Follow-Up

Students	Appropriate Interaction With Teacher	Appropriate Interaction With Peers	Appropriate Participation/Task Related Behaviors
Student #1	50	47	73
Student #2	64	59	71
Student #3	90	87	87
Student #4	58	52	55
Student #5	*	*	*
Student #6	90	71	82
Student #7	*	*	*
Student #8	93	93	87
Student #9			
STudent #10			

* --- DID NOT RETURN TO SCHOOL

APPENDIX 2
Table 1
Comparison of Baseline Data Prior To Hospitalization
Final Mean Percentage During Hospitalization, And
During The Follow-Up Study



Code: BH - Before Hospitalization
DH - During Hospitalization
AF - After Follow-Up

. _____ .	Appropriate Interaction With Teachers
. ------ .	Appropriate Interaction With Peers
. ...	Appropriate Participation/Task-Related Behaviors

*Students did not return to a school placement/no follow-up
** Data was not completed

APPENDIX AA

Variables Involved In Treatment / Results

Variable	Percentage of Students
School Placement	
Placed in Special Program Prior to Hospitalization	63
Placed in Special Program Upon Discharge To School Setting	63
Medication	
Medication Prescribed Prior to Hospitalization	38
Medication Prescribed During Hospitalization and Upon Discharge	63
Parents of Students Who Attended Groups During Treatment (Attended 90% of groups)*	88
Parents of Students Who Attended Groups After Discharge (Attended 90% of groups)*	38

* Groups include individual therapy, family therapy sessions, parent support group, multifamily programs, Aftercare Program, outpatient therapy as indicated by Treatment Team recommendations